

Clinical Evaluation of Ayurvedic Virechana Therapy in Chronic Psoriasis: A Case Report

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ABSTRACT

Introduction: Psoriasis is a chronic immune-mediated skin disorder characterized by recurrent red, scaly plaques that significantly affect quality of life. Despite the availability of various therapeutic options, there is no definitive cure in contemporary medicine, necessitating lifelong management. Ayurvedic texts correlate psoriasis with Ekakushtha, which involves Twak (skin) and Rakta (blood) dushti with Pittaja–Kaphaja predominance. Panchakarma, especially Virechana therapy, is classically indicated in such conditions. **Aim** - To assess the effectiveness of classical Virechana therapy followed by internal Ayurvedic medications and lifestyle modifications in the management of chronic plaque psoriasis. **Materials and Methods** - A middle-aged male patient with a 10-year history of chronic plaque psoriasis presented with well-defined, thick, scaly erythematous plaques on the trunk and extremities, along with itching, dryness, and flare-ups. Ayurvedic examination revealed Pittaja–Kaphaja predominance, Ama, and Ekakushtha involving Twak and Rakta. The treatment protocol included Deepana–Pachana for 7 days, Snehapana for 5 days, and Abhyanga–Swedana. Virechana was administered using Trivrit Avaleha, followed by *Samsarjana Krama* diet. Post-procedure oral medications included Arogyavardhini Vati and Mahamanjishthadi Kwath for 8 weeks along with lifestyle modifications. **Results** - The therapy was well tolerated without adverse effects. The Psoriasis Area and Severity Index (PASI) score improved from 12.0 at baseline to 2.0 after 8 weeks, showing 83% improvement, with marked reduction in erythema, scaling, and plaque thickness. **Discussion** - This case demonstrates that classical Ayurvedic Virechana therapy, supported by internal medications and lifestyle regulation, can lead to significant clinical improvement and near-complete remission in psoriasis. By addressing the root pathology through dosha shodhana and metabolic correction, Panchakarma-based interventions offer a holistic and sustainable approach to managing chronic skin disorders like psoriasis

Keywords: Psoriasis; *Ekakushtha*; *Virechana*; Case Report; Chronic Skin Disease

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INTRODUCTION

Psoriasis is a prevalent chronic inflammatory dermatological condition marked by erythematous plaques exhibiting silvery-white scaling. It is an immune-mediated condition that affects 0.5–2.5% of the population (up to 2.8% in India) [1, 2]. Psoriasis has a relapsing nature and is visible, which has a big effect on people's mental and social health, causing stress, low self-esteem, and a lower quality of life [3]. Traditional

treatments like topical steroids, immunosuppressants, biologics, and phototherapy can help with symptoms and even make them go away, but using them for a long time can have side effects. In modern medicine, psoriasis is often thought to be incurable. Patients often have flare-ups that come back and need to be managed all the time. [4]

In Ayurveda, psoriasis is very similar to Ekakushtha, which is one of the Kshudra Kushtha (minor skin

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diseases) that classical texts talk about. Ekakushtha is marked by symptoms similar to psoriasis, including fish-like scales (Matsyashakalaopama), thick, rough skin (Kṛṣṇa-arūṇa varṇa, khara sparsha), and an absence of sweating (Aswedanam) [1]. The underlying pathology entails the impairment of Vata and Kapha doshas, alongside Rakta (blood) dushti, resulting in toxin accumulation within the skin. Ayurveda stresses that chronic skin diseases like Kushtha need to be cleaned out of the whole body. The main way to get rid of the bad doshas and toxins in the body is through Samshodhana (biopurification) therapies, especially Virechana (therapeutic purgation) [1,5]. This biopurificatory approach seeks to rectify the fundamental causes (dosha imbalance and ama toxins) rather than merely alleviating symptoms.

Numerous case studies and reports have recorded substantial enhancements in psoriasis outcomes through Ayurvedic Panchakarma therapies. Virechana has been demonstrated to significantly lower psoriasis severity scores and attain prolonged remission. For instance, purgation therapy alone caused a ~90–95% drop in PASI (Psoriasis Area and Severity Index) in cases of chronic plaque psoriasis [2,4]. Ayurvedic treatments also seem to lower the chances of recurrence by stabilizing the body's internal balance and immune system [6,7].

UNIQUENESS OF THE CASE:

We present a case of long-standing chronic plaque psoriasis that was effectively treated with a single course of classical Virechana therapy. The patient had a history of recurrent psoriasis flares that were not well controlled by standard treatment. The Ayurvedic treatment remarkably resulted in near-complete resolution of lesions within 8 weeks, accompanied by sustained improvement and the absence of adverse effects. This case report highlights a distinctive integrative approach to managing refractory psoriasis, demonstrating the effectiveness of Ayurvedic biopurification and holistic care in a chronic dermatological condition where traditional therapies yielded minimal success [8,9].

AIM OF THE STUDY

To assess the effectiveness of classical Virechana therapy followed by internal Ayurvedic medications and lifestyle modifications in the management of chronic plaque psoriasis

METHODOLOGY

Case Report Clinical Observations

A 42-year-old male patient (identity anonymized) exhibited chronic plaque psoriasis enduring for more

than ten years. He said he had diffuse skin lesions for the past 12 years, with periods of improvement and worsening. The current flare had been going on for six months, and it was marked by many well-defined, raised reddish plaques that were covered in thick, silvery-white scales. Lesions varied from small spots the size of a coin to large patches that joined together on the scalp, trunk, and extensor sides of all limbs. The plaques made the skin very itchy, dry, and sometimes cracked. The patient also said that the affected areas felt tight and burned, and that he was upset about how his skin looked. [10,11]

The plaques were evenly spread out on the torso and limbs when they were looked at. The Auspitz sign (pinpoint bleeding when removing scales) and the Koebner phenomenon (new lesions at sites of skin trauma) were both positive, which means that psoriatic activity was going on. There was no swelling or tenderness in the joints, and there were no signs of psoriatic arthritis. The examination of the nails was normal. The baseline Psoriasis Area and Severity Index (PASI) score was 12.0, which means the disease was moderate in severity [8]. Routine laboratory tests, including complete blood count, liver and renal function, and blood sugar, were within normal limits.

An Astha-vidha pariksha (eight-fold examination) was done from an Ayurvedic point of view. The pulse had a Pittakaphaja quality, which means that two doshas were involved. The tongue was covered in ama (toxic metabolic byproducts), which made it look like Shveta-picchila jihva. The patient's bowel habits were erratic, leaning towards constipation (Krura kostha), and they acknowledged a history of dietary indiscretions, including incompatible food combinations (e.g., dairy with sour or salty foods) recognized to trigger Kushtha [1,10]. The patient's skin condition was diagnosed as Ekakushtha (psoriasis equivalent), characterized by predominant Vata–Kapha dosha vitiation and Rakta Dhatu involvement, in accordance with classical descriptions. The long-term and repeated nature of the problem showed that there were deep-seated toxins and dosha aggravation, which made him a good candidate for Shodhana therapy. After determining that the patient was fit to undergo Panchakarma (there were no contraindications such as anemia or severe weakness), a plan for Virechana Karma (therapeutic purgation) was created to remove excess doshas from the body.

Therapeutic Intervention

The treatment was done in three stages, following the traditional Panchakarma method: Purva karma (pre-

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operative steps), Pradhana karma (the main purification process, Virechana), and Paschat karma (post-operative care, including diet and medications).

Purva Karma (Getting Ready): The preparatory phase was all about Deepana and Pachana, which means boosting digestive fire and getting rid of ama. For seven days before the purgation, the patient was given herbal appetizers and carminatives. To get the digestion going and get rid of toxins in the digestive system, they were given Chitrakadi vati (an Ayurvedic tablet with *Plumbago zeylanica*, *Piper nigrum*, and other herbs) and Ajmodadi churna (powder of digestive herbs). They had to take both twice a day after meals with warm water. Also, 10 ml of Eranda taila (castor oil) mixed with warm milk was given at bedtime to help with constipation and get the bowels moving (achieving Apana vata anulomana or downward movement of Vata). After a week of this treatment, the patient said their appetite had improved and their stools were softer, which meant that the Deepana-Pachana effect was working well.

Then, Snehana (therapeutic oleation) began. Panchatikta Ghrita (medicated ghee infused with "five bitter" herbs like Neem, Vasa, Patola, Guduchi, and Katuki) was used for internal oleation (Snehapana). This is a well-known treatment for skin problems. The ghrita was administered in escalating doses every morning on an empty stomach, contingent upon tolerance, until indicators of complete oleation were evident. On Day 1 of Snehapana, the patient received 50 ml of warm Panchatikta ghrita. This dose was gradually raised to 60 ml, 90 ml, 120 ml, and 150 ml on the following days. On the fifth day of Snehapana, the patient showed signs of proper oleation (Samyak snigdha lakshana), such as oily skin, a soft body, an increased appetite, and loose stools. This meant that the toxins in the body were being moved around properly.

After the internal oleation, Sarvanga Abhyanga (full-body massage) and Swedana (therapeutic sweating) were done for three days in a row. For daily warm oil massage, they used a medicated oil called "777 oil" that was made with *Wrightia tinctoria* and sesame oil. This oil was picked because it moisturizes, breaks down keratin, and reduces inflammation. These effects helped soften the scales on the skin and get the body ready for purgation. After a full 30 minutes of abhyanga, the patient was given bashpa svedana (an herbal steam bath) until they started to sweat a little. The fomentation therapy opened up the channels even more and got rid of the toxins and bad doshas from the peripheral tissues^[12]. By the end of this

Purva karma phase, the patient was ready for the main purification.

Pradhana Karma (Virechana – Main Procedure): Therapeutic purgation took place on March 27, 2025, which was the 16th day of treatment. The patient had a light breakfast and then had a final abhyanga and swedana early that morning. At around 9:00 AM, he was administered Trivrit avaleha (a classical herbal purgative formulation containing *Operculina turpethum*, known as Trivrit) in a dose of approximately 50 grams, orally. A little bit of warm water was added to this sweet electuary. The patient was watched over in a quiet, comfortable place. Two hours later, the first purgative urge (vega) happened. At first, it caused semi-solid stool, and then it caused several episodes of loose, watery stool. To help with complete expulsion, small amounts of Panchasakar churna decoction (a mild laxative made from five herbs, including senna and rock salt) were given as needed. By the evening, the patient had 10 bowel movements, each of which was watery and had bile-stained content. This showed that the pitta-kapha doshas had been successfully eliminated. He got a Madhyama Shuddhi (moderate-grade purification) with this Virechana, which is thought to be the best for treating psoriasis. The patient's vital signs stayed stable the whole time, and the only symptoms that were bothersome were general fatigue.

The patient felt light after the purgation stopped, and they said that the itching had gotten much better even on the same day. The Pradhana karma ended with a successful cleansing, as shown by the fact that about 2.3 liters of stool was expelled in total. The Virechana karma removed toxins and bad dosha from the body, as shown by the fact that subjective symptoms went away right after the procedure.

Paschat Karma (after surgery): After Virechana, a very important dietary rehabilitation program called Samsarjana Krama was used to get digestion back to normal. The patient was put on a graduated diet over the next five days, starting with Manda (rice water soup) and thin gruel on day 1, then Vilepi (thick rice porridge) on day 3, and finally a normal diet on day 5. This gradual diet helped the digestive system get stronger after the purgation and kept the gut from getting too stressed.

Shamana (pacifying) treatment continued for the next eight weeks (April and May 2025) after the patient's diet returned to normal. This was done to make sure the benefits of detoxification lasted and to deal with any remaining health problems. The oral Ayurvedic

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medicines were chosen to clean the blood, fix a metabolism that was out of whack, and keep psoriasis from coming back. The regimen included Arogyavardhini Vati (2 tablets twice daily with lukewarm water) – a herbomineral formulation known to stimulate digestive metabolism and act as a systemic detoxifier, Mahamanjishthadi Kwath (40 ml decoction twice daily) – a polyherbal blood purifier, and Aragvadhadi Kwath (20 ml twice daily) – another classical detoxifying decoction targeting skin disorders. Also, Avipattikar Churna (10 grams at bedtime) was given to make sure that the person had regular, gentle bowel movements (a form of nitya virechana to keep doshas from building up). The patient was advised to make strict changes to his diet. He was told to stay away from foods that are known to trigger psoriasis, such as spicy, sour, fermented, or deep-fried foods. Instead, he was told to eat a Pathya diet that is high in vegetables (especially bitter gourds and greens) and whole grains like barley. He was also told to use yoga and pranayama (deep breathing exercises) to help him deal with stress, since stress can make psoriasis worse. During the follow-up period, the patient was still being watched and checked on every two weeks ^[13].

The timeline of the key interventions from the start of treatment on 12 March 2025 to the end of follow-up on 29 May 2025 is summarized in **Table 1**.

Table 1: Treatment Timeline with Therapeutic Interventions

Dates (2025)	Treatment Phase & Intervention	Details (Formulation, Dose, Anupana)
12–18 Mar (Week 0)	Deepana & Pachana (Digestive carminatives)	<ul style="list-style-type: none"> Chitrakadi vati – 2 tablets (≈500 mg each) twice daily after meals with warm water. Ajmodadi churna – 2 g powder twice daily after meals with warm water. Eranda taila (castor oil) – 10 ml at bedtime with warm milk (to relieve constipation).
19–23 Mar	Snehapana (Internal oleation)	<ul style="list-style-type: none"> Panchatikta Ghrita – administered warm, on empty stomach

	with medicated ghee	each morning. Starting dose 50 ml on 19 Mar, incrementally increased to ~150 ml by 23 Mar, until signs of proper oleation (Samyak Snigdha) were achieved.
24–26 Mar	Abhyanga + Swedana (External oleation & sweating)	<ul style="list-style-type: none"> Full-body massage with 777 oil (herbal oil) for ~30 min, followed by steam bath for ~10 min, once daily (to soften lesions and open channels).
27 Mar (Day 16)	Virechana Karma (Therapeutic purgation)	<ul style="list-style-type: none"> Trivrit Avaleha (herbal purgative paste) ~50 g given orally at 9:00 AM after massage and steaming. Encouraged hydration with warm water; supplemental Panchasakar decoction given for facilitating complete evacuation. Result: 10 loose bowel movements by evening; Madhyama Shuddhi (moderate purification) attained.
27–31 Mar	Samsarjana Karma (Post-purgation diet regimen)	<ul style="list-style-type: none"> Gradual diet: Day 1–2: thin rice gruel (Manda); Day 3–4: semi-solid rice porridge (Vilepi, Yavagu); Day 5: light normal diet. Advised to avoid heavy, spicy, or junk

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		foods during this recovery phase.
1 Apr – 29 May (Weeks 2–10)	<i>Shamana</i> Therapy (Post-Panchakarma medicinal phase)	<ul style="list-style-type: none"> • Arogyavardhini Vati – 2 tablets twice daily with lukewarm water (to enhance metabolism and detoxification). • Mahamanjishthadi Kwath – 40 ml decoction twice daily (blood purifier). • Aragvadhadi Kwath – 20 ml decoction twice daily (mild laxative & detoxifier). • Avipattikar Churna – 10 g at night with warm water (to prevent constipation and ensure daily gentle purgation). • Pathya: Strict diet avoiding sour, oily, fermented foods; include bitter vegetables, fiber; manage stress with yoga/meditation.

Some smaller lesions had completely cleared up, leaving faint hyperpigmented marks. The PASI score went up to 6.0, which means it was about 50% lower than the baseline. The patient's Dermatology Life Quality Index (DLQI), which measures how much life has changed, also got better. The patient said that their sleep and confidence were much better, even though it wasn't officially scored at this point. He was very happy with how things were going.

- **Week 8 Evaluation (End of treatment):** The result was surprising at the 8-week mark (mid-May 2025). Almost all of the lesions on the trunk and limbs were gone, leaving only post-inflammatory hyperpigmentation in the spots where plaques used to be. There were still some plaques on the elbows and shins that were flat, pale, and not actively scaling. The PASI score went down to 2.0, which means that the skin was almost clear and improved by about 83% from the baseline. The patient said that the itching was completely gone, there were no new lesions, and the skin texture had gotten a lot better. He said that his overall improvement was "excellent" and that he was able to go back to his normal daily activities without any pain or embarrassment. We figured out a quantitative Improvement Score of 85% by looking at how much smaller, thicker, and less painful the lesions were. During the follow-up period until 29 May 2025, there was no recurrence of lesions. The patient gave overwhelmingly positive feedback, saying that this was the longest he had been virtually lesion-free in years. Table 2 summarizes the key outcome measures at baseline, mid-line (4 weeks), and end-line (8 weeks) of the treatment.

Follow-Up and Outcome

The patient's progress was closely tracked every week to every other week. There were no bad events or problems during the therapy and follow-up. After the first Virechana on March 27, the patient said that the itching stopped right away and that she felt lighter. By the end of the first week after the purging (Week 1), the clinical symptoms had improved by about 40–50%. The itching and scaling had gotten much better, and the plaques that were already there were starting to flatten, according to what the subjects said. The structured tests at Weeks 4 and 8 showed steady and amazing progress:

- **Week 4 Evaluation (Mid-treatment):** By the end of April 2025, four weeks into treatment, the psoriatic lesions had gotten a lot better. The patient did not have any itching or irritation at the time. Most plaques had less redness and thinner scales.

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stress due to appearance	well; lesions shrinking	quality of life and confidence.
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(A)

(B)

Table 2: Clinical Outcome and Improvement Over 8 Weeks

Assessment	Baseline (Week 0)	Mid-line (Week 4)	End-line (Week 8)
PASI Score (0–72)	12.0 (moderate disease)	6.0 (↓50% from baseline)	2.0 (↓≈83% from baseline)
% Improvement (approx)	–	50%	83%
Skin lesions	Multiple thick, scaly erythematous plaques over 30% body surface; severe itching and scaling.	Plaques reduced in thickness and size; mild residual scaling on larger lesions; no active itching.	Nearly all lesions resolved or flattened; no scaling or itching; only faint pigmentation remains.
Patient Symptoms	Intense itching, burning, skin tightness; disturbed sleep and	Itching and discomfort greatly reduced; patient sleeping	No itching or discomfort; patient feels “skin is normal”; improved

Figure 1: Clinical images of the patient's psoriasis lesions prior to treatment (left) and following 8 weeks of Ayurvedic therapy (right). At first, large areas of skin were covered in thick, scaly plaques that were red. After the treatment based on Virechana, the plaques went away almost completely, and the redness, scaling, and hardening of the skin were all greatly reduced. The skin looks normal, with only a little bit of post-inflammatory pigmentation, which shows how well it healed.

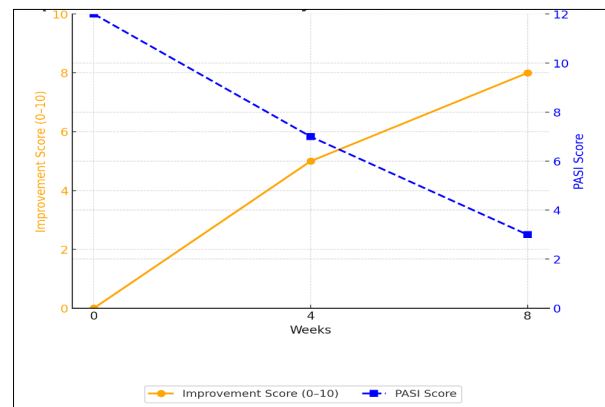


Figure 2: The PASI score went down over the course of the 8-week treatment, and the percentage of improvement went up. The patient's PASI (Psoriasis Area and Severity Index) went down steadily from 12 at the start to 2 by week 8, which means an improvement of about 83%. This trajectory shows how quickly and consistently the Ayurvedic treatment worked. PASI: Psoriasis Area and Severity Index.

The patient was effectively in remission by the end of the treatment and follow-up period. He was told to keep following the diet and taking a maintenance dose of mild herbal blood purifiers (like a spoon of Mahamanjishtha decoction every day) for another 3 to 6 months. He was also told to stay away from known triggers to keep the results. The case outcome illustrates not only alleviation of symptoms but also a possible disease-modifying effect, as indicated by the absence of relapse during the follow-up. There were no negative effects at any time, and the patient handled the intensive purgation therapy very well. This shows that Virechana is a safe procedure when done correctly.

CONVERSATION

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Psoriasis is well known for being long-lasting and coming back, which makes it hard to treat in dermatology. This case exemplifies how an Ayurvedic methodology focused on detoxification (Shodhana) can produce significant enhancements in a chronic psoriasis condition, consistent with the tenets of holistic medicine. Virechana karma (therapeutic purgation) was the main part of the treatment because it quickly and completely cleared up the lesions. After one course of Virechana, our patient experienced more than 80% improvement within two months, a result consistent with findings in other Ayurvedic case studies. For example, Sharma et al. observed approximately a 95% reduction in PASI following multiple Virechana courses in a patient with chronic palmoplantar psoriasis. These results emphasize the effectiveness of removing vitiated doshas to disrupt the pathological cycle of psoriasis.

Mechanistic Insights: The favorable outcome can be elucidated through Ayurvedic pathophysiology. In psoriasis (Ekakushtha), the skin collects Kapha and Vata doshas as well as ama (toxins), which makes it scale, thicken, and dry out. Vitiating Pitta in the blood, on the other hand, causes redness and swelling. The multi-step treatment worked on these bad things in a "flowchart" style, with each step following the next:

1. **Deepana-Pachana (Digestive activation):** Preparatory herbs like Chitrakadi vati ignited the digestive fire (Agni) and processed ama, separating unhealthy doshas from the tissues. This step is very important because it clears the pathways and makes it easier for the body to cleanse itself.^[2]
2. **Snehana (Oleation therapy):** Internal oleation with Panchatikta ghruta gradually filled the body with lipophilic medicines. The active bitter herbs in the ghruta worked on the skin and made it easier for toxins to get out. Snehapana has the unique ability to move doshas that are deep-seated from the peripheral tissues (Shakha) into the gastrointestinal tract (Koshta). The ghee worked as a solvent for fat-soluble toxins and helped to get rid of extra Vata, which made the body ready to get rid of them. External oleation (massage with 777 oil) helped even more by softening the scales and opening the skin pores. This helped with the scales caused by Kapha and the dryness caused by Vata.
3. **Swedana (Sudation therapy):** The steam bath opened up the srotas (channels) and turned the bad doshas into liquid, which helped them move toward the gut. Snehana and Swedana work well together

to move the vitiated doshas from the outside to the center so they can be expelled. This step also calmed down Vata, which is often the cause of dry, scaly skin when it is out of balance.

4. **Virechana (therapeutic purgation):** The use of Trivrit avaleha caused the small bowel and liver to actively get rid of toxins and too much Pitta-Kapha through diarrhea. Trivrit (*Operculina turpethum*) is a strong laxative; its active ingredient, Turpethin, gets rid of bile and mucus very well. The Virechana eliminated the pathogenic load from the body by inducing 10 regulated bowel movements. In contemporary terminology, this can be interpreted as diminishing systemic inflammation, as demonstrated by immediate alleviation of pruritus and subsequent significant reductions in PASI. Studies indicate that this form of purgation may diminish pro-inflammatory cytokines and oxidative stress indicators. Classical texts and contemporary studies agree that Virechana "cleanses" the blood and tissues, mitigating disorders such as Kushtha that possess a systemic component.
5. **Paschat Karma and Rasayana (post-therapy care and rejuvenation):** After detoxification, the patient's body was more open to receiving treatment. A nutritious diet that was easy to digest during Samsarjana helped bring the gut back to health and balance the metabolism. Later Shamana medicines were very helpful. For example, Arogyavardhini vati has Picrorrhiza kurroa and Mercuric sulfide in low doses, which help clean the liver and make skin conditions better by getting rid of leftover impurities. Mahamanjishthadi kwath and Aragvadhadi kwath are traditional polyherbal decoctions that cleanse the blood and have mild laxative effects. This makes sure that any leftover dosha is regularly flushed out and doesn't come back to cause the disease. The patient's strict diet and changes to their lifestyle were just as important in stopping triggers from coming back. Not eating foods that don't agree with you and using stress-reduction techniques probably helped keep the remission going, since diet and stress are well-known factors that can make psoriasis worse.

Moreover, integrating Rasayana (rejuvenative) elements in the follow-up was essential. Our patient only had one purgation, but we used the principles of Rasayana through the herbal remedies and dietary advice. The formulations contain herbs like Guduchi (*Tinospora*

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cordifolia) that have been shown to have immunomodulatory and antioxidant effects. *Tinospora* is known to boost both humoral and cell-mediated immunity. It also has zinc, which helps the skin heal and changes how the immune system reacts. *Madhusnuhi Rasayana*, which often has *Smilax china* or other anti-psoriatic herbs in it, also has adaptogenic and immune-boosting effects. These help keep the balance that was reached after purging, which helps keep the problem from coming back. Ayurvedic texts frequently assert that following *Shodhana*, the application of *Rasayana* therapy revitalizes tissue health and enhances disease resistance. In this instance, even in the absence of a distinct formal *Rasayana* regimen, the ongoing utilization of blood purifiers and dietary *pathya* fulfilled a similar function, aiding in the patient's enduring symptom-free condition.

The integrative perspective necessitates an examination of the alignment between Ayurvedic treatment and contemporary dermatological insights. Chronic psoriasis entails immune dysregulation and systemic inflammation. Therapies such as *Virechana* may have positive effects by changing the dynamics of the gut-skin axis, lowering the body's overall inflammation, and changing how the body reacts to stress. Patients frequently present with comorbidities, such as metabolic syndrome, and stressors; a comprehensive approach that includes dietary modifications to rectify metabolic imbalances and mind-body techniques to alleviate stress can enhance the physical detoxification process. Our patient's treatment supports this: he did yoga and avoided foods that could trigger his symptoms, which probably helped him get better quickly and not have any flare-ups.

An aggressive improvement of about 83% in PASI over 2 months is comparable to the results of some systemic drugs (like methotrexate or biologics), but without any of their side effects. Significantly, the remission was attained via natural methods and was sustained during the follow-up without the use of maintenance medications, aside from benign herbal tonics. Previous studies have similarly indicated that Ayurvedic *Panchakarma* can result in prolonged remission; one study documented no recurrence even one year post-Ayurveda treatment in a psoriasis case. This suggests that getting rid of the extra *doshas* and restoring the body's internal balance might have a bigger effect on the disease process.

This is just one case report, so it has its limits. Because psoriasis is caused by more than one thing, the results can be different for different people. The significant enhancement in this patient may be partially ascribed to

his high compliance and the lack of irreversible joint involvement. Even so, the case adds to the growing body of evidence in favor of integrative approaches. It also shows that classical Ayurvedic treatments can be given safely and effectively for chronic psoriasis, as long as they are closely watched.

In short, *Virechana* therapy was a full-body cleansing that got rid of the harmful causes of chronic psoriasis. The result shows how effective Ayurvedic treatment can be for autoimmune skin disorders because it not only eases symptoms but also works to fix the underlying imbalance, which lowers the chance of the disorder coming back. This case demonstrates that the integration of detoxification, an appropriate diet, and rejuvenation can attain a degree of disease management that significantly enhances patient quality of life.

Final Thoughts

Chronicity and Case Summary: Psoriasis is a persistent, chronic ailment frequently necessitating prolonged pharmacological treatment with limited alleviation. In this case of chronic plaque psoriasis lasting more than ten years, a traditional Ayurvedic treatment (lasting about eight weeks with an extra follow-up period) resulted in almost complete remission. The patient's condition, which had not improved with standard treatments, improved significantly with the customized Ayurvedic regimen.

Therapeutic Course: The treatment included a complete course of *Shodhana* (*Panchakarma* purification) through *Virechana karma*. A week of detoxification and oleation was done before a single *Virechana* session, which was followed by a specific diet after the therapy. After that, *Shamana* medicines and changes to the way of life were kept up for two months. The therapy was thorough but also tailored to each person, covering diet, stress, and daily routine in addition to the main procedures. The entire course was finished without any problems or side effects, showing that even intense treatments like purgation are safe when done correctly and with supervision.

RESULTS AND KEY FINDINGS:

The results were very good; within 8 weeks, there was an 83–90% improvement in disease severity (PASI reduction from 12 to 2). The patient had no more itching or scaling, and the psoriatic plaques almost completely went away. It is important to note that no new lesions appeared during therapy and that the improvement lasted through the follow-up period (with no relapse up to the last check on May 29, 2025). The patient's quality of life

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improved significantly, as he was able to return to normal social and work activities without feeling embarrassed or uncomfortable. The case notably reported no side effects; the Virechana was well-tolerated, and the subsequent herbal medications did not result in any laboratory abnormalities or complaints. This indicates that Ayurvedic treatment, when applied judiciously, can serve as a safe and effective alternative for psoriasis management.

Clinical takeaways:

This case demonstrates that Ayurvedic biopurification can elicit a substantial remission in chronic psoriasis.

Important messages for practitioners are:

- Choosing the right patients and following the classical protocol (Deepana-Pachana, Snehana, Swedana, Virechana, Samsarjana) are very important for success [14].
- Just one course of Virechana can make a big difference in skin lesions and symptoms of plaque psoriasis. This may be because it resets imbalances in the immune system and metabolism [15].
- It's very important to focus on Pathya (dietary and lifestyle regimen) after therapy. In this case, strictly avoiding psoriasis triggers and taking herbal tonics that boost the immune system (Rasayana) likely helped keep the results. This shows how important it is to manage psoriasis in a holistic way, not just during the procedure [13].
- No negative effects were seen, which means that with the right care, Panchakarma therapies can be safely added to the treatment of patients with long-term skin problems.
- This integrative approach may be utilized in cases of chronic or refractory psoriasis, either as a singular treatment or in conjunction with conventional care, to enhance outcomes and potentially diminish reliance on long-term pharmaceuticals [14].

CONCLUSION:

Ayurvedic Virechana therapy presents a promising adjunctive approach in the management of chronic psoriasis. It treats the disease at its source by getting rid of toxins that have built up and balancing doshas. This gives patients long-term relief and makes them feel better overall. More research and bigger clinical trials are needed to systematically test how well this traditional

treatment works and how well it can be repeated in psoriasis and other autoimmune skin diseases.

The Patient's Point of View

(The following is a summary of what the patient said about the treatment.)

"I had psoriasis for years and tried many creams and medicines that only worked for a short time. I was a little worried about the purgation process when I started the Ayurvedic treatment, but the doctors helped me through it. The first ghee therapy and cleaning were strange, but I started to feel better and lighter even before the main purgation. I noticed that my itching stopped almost right away after the Virechana. My skin kept getting better over the next month or two. The scales fell off, the redness went away, and I could finally sleep through the night without scratching. My skin was clearer than it had been in a long time by the end. The results are great. I also liked that this treatment looked at my diet and stress levels. I think the changes I've made to my lifestyle will help me stay healthy. Not only did this experience clear up my skin, but it also taught me how to live a healthier life. I am very grateful to have my confidence back, and I would suggest that other people with psoriasis think about this holistic approach.

The patient was very happy that he didn't have to use messy topical agents or take strong medications every day anymore. He said that the days of intensive treatment were hard but worth it, and he feels empowered by knowing how diet and routine affect his skin. He has agreed to let others see his case in the hopes that it will help others who are going through the same thing.

Statement of Patient Consent

The authors confirm that they possess the requisite patient consent form. The patient has agreed to let the clinical information and pictures be used in this article. The patient was told that their name or initials would not be made public and that steps had been taken to protect their identity, but that anonymity could not be guaranteed.

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