



CASE REPORT

A Case Study On Erythrodermic Psoriasis- An Ayurvedic Treatment Protocol

Asha Karunakaran K¹, Suneeshmon M S², Remyasree S K³, Muhammed Ali Khan⁴, Amrutha A⁴ & Akshaydas T P⁴

¹Associate Professor Dept of kayachikitsa Govt Ayurveda College Thiruvananthapuram

²Assistant Professor Dept of kayachikitsa Govt Ayurveda College Thiruvananthapuram

³PG Diploma Scholar Dept of kayachikitsa Govt Ayurveda College Thiruvananthapuram

⁴PG Scholar Dept of kayachikitsa Govt Ayurveda College Thiruvananthapuram

*Email: amrutha2210@gmail.com

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Abstract

Psoriasis is a chronic inflammatory skin disorder characterized by hyperproliferation of keratinocytes and the formation of well-demarcated, erythematous and scaly plaques. It commonly affects the extensor surfaces, scalp and nails and typically follows a relapsing-remitting clinical course. Among the types of psoriasis Erythrodermic Psoriasis (EP) is the least common type and is characterized by generalized erythema, scaling and itching. The aim of the study is to evaluate the effect of Ayurvedic treatment in the management of EP. In this case, a 36-year-old male patient diagnosed with EP shows features like erythema, dry, scaly lesions, itching & occasional burning sensation all over the body. In *Ayurveda* it is understood as *Kushta* with involvement of three *doshas*, predominant with the symptoms of *sidhma kushta* as per classics along with involvement of *pitta* showing erythema with burning sensation. Treatment was given with internal, *snehapana*, *sodhanaushadhi*, *rasayana*, *samana* and external procedures. Advices on proper diet and Life style modifications were also given. The condition was symptomatically managed on a duration of 1 1/2 months.

Introduction

Psoriasis is one of the most common dermatological diseases, affecting up to 2% of the world's population.¹ It is characterized by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails and usually follows a relapsing and remitting course². It occurs equally in both sexes and at any age; Among different types of psoriasis EP presents with generalized cutaneous findings such as erythema, edema, pruritus, ill-defined psoriatic plaques, scaling, hair loss and occasionally exudative lesions and palmoplantar or diffuse desquamation.³ Nail changes are very common to EP and can range from mild pitting to severe onychodystrophy, more commonly involving the fingernails than the toenails. In addition, patients can have systemic symptoms of fever,

tachycardia, fatigue, malaise, chills, dehydration, lymphadenopathy, arthralgia, myalgia, insomnia, sweats, diarrhea, constipation, weight changes, allodynia and rarely high output heart failure and cachexia.

Erythrodermic psoriasis (EP) shows an estimated prevalence of 1%-2.25% among psoriatic patients. A recent retrospective epidemiological study in 60 patients with EP revealed a 3:1 male-to-female ratio.³

Clinically the disease can be seen in 2 types, one characterized by rapid whole body erythema with lack of demarcated psoriatic plaques. Second characterized by psoriatic plaques followed by generalized erythroderma which are differentiated from psoriatic plaques.

Other rare types of EP include congenital EP and EP secondary to an environmental trigger like sunburn, skin trauma, emotional stress, alcoholism, systemic illness, drug exposure, chemical exposure and rapid withdrawal from medications known as the rebound phenomenon. Common antipsoriatic medications that may lead to the rebound phenomenon include topical and oral steroids, efalizumab and methotrexate.

Pharmaceutical drugs that have been reported in the literature to trigger EP include acitretin, etretinate, infliximab, lithium, antimalarials and trimethoprim/sulfamethoxazole.

To clinically diagnose EP, many authors suggest that there must be generalized inflammatory erythema, with or without exfoliation, involving at least 75% of the body surface area.

The etiology and pathology of psoriasis can be compared to the *kustha* which is caused due to vitiation of 7 *dushyas*. According to *Astanga hridaya*⁴ *kustha* is classified into 7 *maha kustha* and 11 *kshudra kushta*. EP shows features of all three *doshas* and also of *sidhma kushta* like *rooksham bahi*, *snighdha antha*, *grista raja kireth* (powdery exudation when scratched), *slakshna sparsha*, *tanu*, *swetha tamra*, *doughthika pushpavath*, *prayena urdwa kaya*⁴

A holistic approach including both *antaraparimargana*, *bahirparamarganam* and *sathwavajaya* is necessary for the management of psoriasis.

CASE

PRESENTING COMPLAINTS

A male patient aged 36 yr old got admitted in IPD *kayackitisa* on 31/10/2024 with complaints of widespread scaling and redness of skin all over the body since 3 years Aggravated for the past 2 months.

3 years back he noticed dandruff like white powdery particles on his head associated with itching. Gradually itching increases which was associated with hair fall and occasional burning also. Then he consulted dermatologist which gave him some relief for around one month. Then he went back to Abudabi and with in days similar skin complaints reappeared over anterior aspect of both lower limbs from knee up to foot. For some months he managed it with some local applications and coconut oil. Then after 6 months he returned to his native place and consulted skin specialist again and at that time the doctor informed it as psoriasis. The scales were silvery white in colour associated with itching especially over both upper and lower limbs and scalp. The doctor prescribed him with some internal as well as external medicines. The condition temporarily subsided with intake of medicine and topical application. The conditions noted to be aggravated with extremes of climate in Abudabi.

Gradually within six months he noted involvement of nails with discoloration, thickening of nails of both hands and foot followed by usage of topical steroids and tablets which showed 90% improvement in condition. Stoppage of steroids without advice lead to a sudden flaring of symptoms covering 80-90% of body which was associated with redness and scaling of skin with in two months itself associated with itching, occasionally with burning sensation. It was not associated with oozing or blood exudation. For that he underwent *Ayurvedic* management available from his near by place. This management showed improvement and he went back for work. Again with in two months the conditions reappeared with wide spread (80-90% of whole body) reddish skin lesion associated with scaling and severe itching especially after bath, sweating. Presently the lesions are reddish, dry, extensive, scaly over scalp, trunk, upper and lower limbs with marked nail changes. The condition is not associated with exposure to any of known allergens, food, joint pain, or fever. For the past two months he was facing difficulty in performing daily activities due to discomfort and irritation while wearing clothes, peeling of skin in bed sheets, itching, occasional burning sensation, mild swelling of both hands and foot, emotional distress and social withdrawal due to visible lesion particularly on areas like fore head, scalp, upper limb, lower limb.

Personal history

Revealed increased intake of *guru* (heavy), *abhisandhi*, *vidahi* food like fish chicken oily foods etc and mostly prefer spicy salty and sour tastes foods. He also had frequent intake of alcohol more than 4 pegs mostly

(brandy/whisky/rum) for 14 yrs which stopped since 7 months, occasional interruption in sleep cycle which was irregular and disturbed (sleep time 2am-12pm) .

Psycho-social history revealed the presence of mental stress due to financial and family issues and demise of his friend.

Drug history showed flaring up of symptoms on stoppage of medicine like tablet cyclosporine 100mg, halostrol-s(6%) ointment without prior advice.

CLINICAL FINDINGS

Type of lesion	Diffuse erthematous and scaly lesions
Site	thorax and abdomen, upper limb and lower limbs exception over face, genitalia and mucous membrane .
Site of onset	Scalp
Primary lesions	macular and papular
Secondary lesion	scaly
Mode of spread	centripetal
Margination	well defined and irregular edges
Symmetry	Symmetrical
Distribution	coalesced
Nail	Brittle, yellow, dystrophic with subungual hyperkeratosis
Candle grease sign	+ve
Auspitz sign	-ve
Koebner's phenomenon	-ve

LABORATORY INVESTIGATIONS

31/10/24	3/12/24	10/01/25
FBS :105 mg%		
PPBS: 232mg%		
Hb: 15.6 g/dl	FBS:80mg/Dl	FBS :94 mg/dl
Neutrophylls :60%		PPBS:115mg/
Lymphocyte:31%	PPBS:181mg%	
Monocyte:2%		
Eosinophylls:7%		
T.Cho :207mg%	T.Cho :179	T.cho:198mg/dl
Tri gly:338 mg%	TRI GLY:238	Tri gly:173 mg/d
ESR: 20 mm/h		
RFT: WNL		RFT: WNL
LFT: WNL		LFT: WNL
RA :54 IU/mL		RA:48 IU/mL
ASO: WNL	CRP: WNL	ASO: WNL
CRP: WNL		CRP: WNL

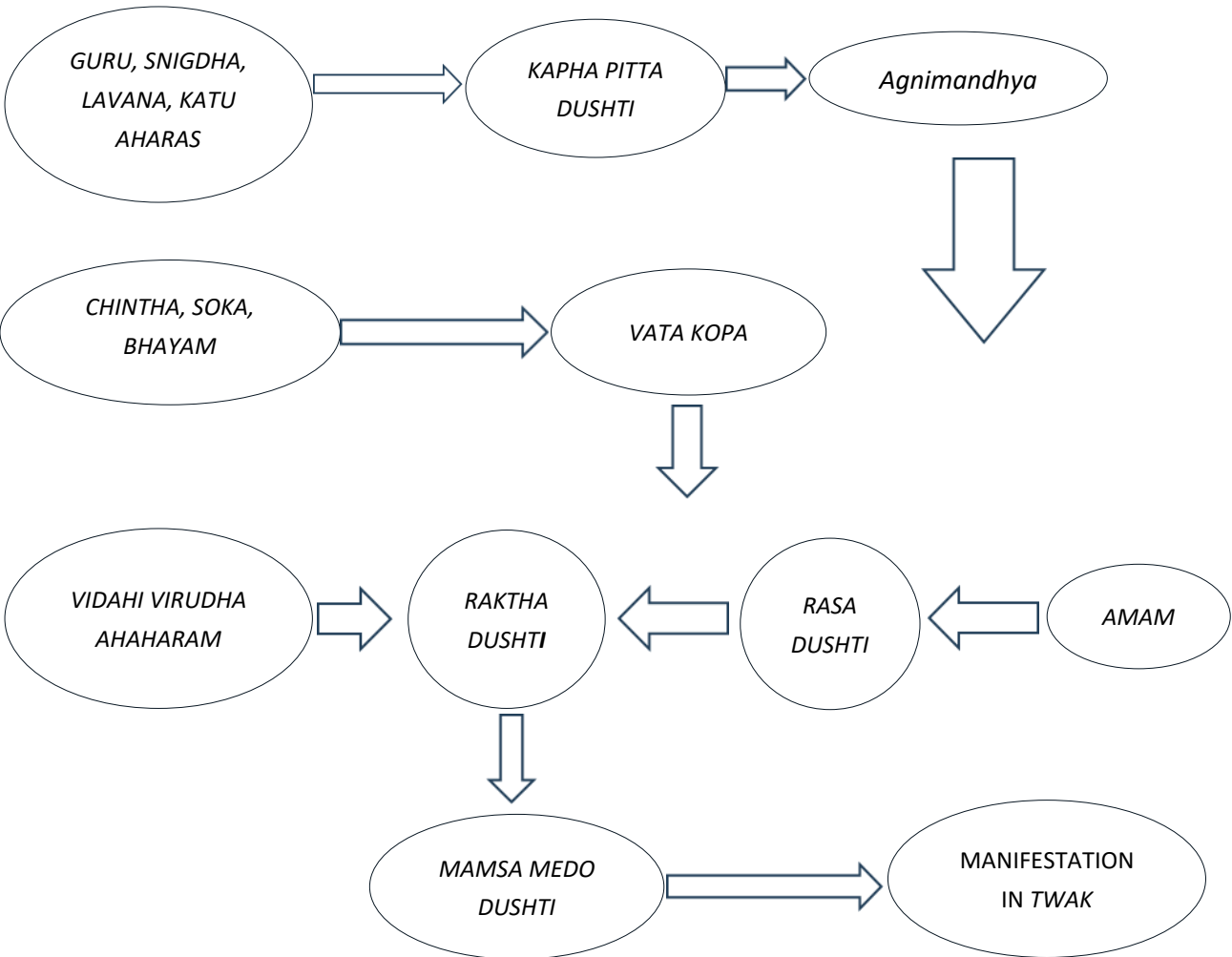
ROGAPAREEKSHA

Nidana

Aharaja nidana - Guru snigdha bhojana, lavana katu rasa pradhana rasa, Matsya dadhi,mamsa seva

Viharaja nidanas - Madyapanam , ratrijagarana

Manasika nidana- chintha shokam bhayam



VYAVACHEDAKA NIDANAM

Type sof kusta	Inclusion	Exclusiossn
EKAKUSHTAM	<i>Mahasrayam, asvedam</i>	<i>matsyasakala sannibham</i>
KITIBHAM	<i>Rooksham, kandu</i>	<i>kinakhara sparsam, parusham, asitham</i>
ALASAKAM	itching, red colour	Studded with small tumors
VIPADIKA	mild itching	In hands & feet with severe pain
SIDHMAM	Dry outside, moist inside, small scales while scratching, <i>svetha tamram, prayena urdha kayam</i>	

DIAGNOSIS

Erythrodermic psoriasis

Kushta with involvement of three *doshas* ,predominant with the symptoms of *sidhma kushta* as per classics along with involvement of *pitta* showing erythema with burning sensation.

REMARKS

Considering the conditions of the patient with a PASI scale⁵ of 47.7, DLQI⁶ 12 and PDI⁷ 36, it is understood as *kushta* which is *tridoshaja* and showing features of *sidhma kushta*. Initially patient presented with erythematous condition with occasional burning sensation and more of itching also lab investigation revealed elevated PPBS and hence formulations indicated in *kushta* like *patoladi kashaya* which is *kapha pitta shamana*, *shaddharana choornam* for *Deepana pachana*, also indicated in *pramehi*, *kaishora guggulu* which is mentioned as *jayet sarva kushtani mandagni, prameham, nisakatakadi Kashaya muhurpanam, madhumardan* for *prameha*, *manomitra vatakam* for relieving stress. externally *guluchyadi Kashaya local dhara* done. At the end of first stage erythema and burning sensation remarkably reduced. As per the treatment principle *Snehapana* is first line of treatment in *kushta* so here we adopted *Aragwada mahathiktakam gritha* was used in second stage dose (25-250 ml for 7 days), itching markedly reduced then *abhyangam* with *dinesa keram* and *ushnambu snanam* 3 days, next *virechanam* with *avipathi* 30 g n *peyadi karma* followed, followed by *gandhaka rasayana* 2.5 g twice *ghrtha* as *anupana* for 7 days noted itching reduced, scaling remarkably reduced. After first phase of *shodana takradhara* was done for 7 days which showed remarkable changes in his *manasa vikara* and sleep was improved. For next step *snehapana* with *Vajraka ghrtha* was chosen as it is *kledahara* and *kapha vatahara* and is capable to act deeply on *chatvara dushyas in kushta*. As repeated *shodana* is needed second *virechanam* was

done using *avipathy choornam* followed by *peyadi*. At the time of discharge erythematous, dry scaling almost completely managed with PASI-5 PDI -3,DLQI-1

	INTERNALLY	EXTERNALLY	REMARKS (PASI Score ,DLQI,PDI)
	<i>Patoladi Kasayam - 90ml bd b/f</i> <i>T shaddharanam(500 mg) 1-0-1</i> <i>T.kaisora guggulu (500mg)1-0-1</i> <i>Nisakatakadi kashaya m muhurpanam</i> <i>Deepana Madhumardan choornam 5 gm bd (An ayurvedic proprietary medicine by sri jain ayurvedic pharmacy)</i> <i>Manomitram tab 0-0-1 (An ayurvedic proprietary medicine by AVN ayurvedic pharmacy)</i>		
<i>Snehana Pachana</i>	<i>Madhumardan choornam 5 gm bd (An ayurvedic proprietary medicine by sri jain ayurvedic pharmacy)</i> <i>Manomitram tab 0-0-1 (An ayurvedic proprietary medicine by AVN ayurvedic pharmacy)</i>	<i>Dhara: Guluchyadi Kashaya local dhara</i>	47.7, 12, 36
<i>Snehana</i>	<i>Aragwadha Mahatiktaka Ghritam</i> <i>Starting dose 25ml- 250 ml (7 days)</i>	<i>Abhyangam with Dinesa keram</i>	Itching reduced, redness decreased
<i>Sodhana</i>	<i>Virechana - Avipathi Choornam 40 GM</i> <i>Anupanam: luke warm water Time:7.30 am</i>		
	<i>Peyadi</i>	<i>Soaking: panchathikthakam kashayam</i>	30
<i>Rasayana</i>	<i>Gandhaka rasayanam 2.5g-0-2.5g ½ hr before food with ghrtham</i>	7 DAYS	Erythema, scaling remarkably reduced
<i>Samanam</i>	<i>Panchathiktakam kashayam 90ml bd b/f</i> <i>Patoladi ghrtha 5g bd b/ft.</i> <i>T.kaisora guggulu1-1-0-1</i>	<i>Thakradhara</i>	Itching reduced, no scaling
<i>Snehana</i>	<i>Vajraka ghrtham 25ml -175 ml(7 days)</i>	<i>Abhyanga Ushnambu snanam with dinesa keram</i>	13.6, wide spread redness markedly reduced
<i>Shodhana</i>	<i>Virechana - Avipathi Choorna 35 GM</i> <i>Anupanam: luke warm water</i> <i>Time:7.30 am Peyadi</i>		PASI-5 DLQI -1 PDI-3

ADVICE ON DISCHARGE

Vajraka ghrtham 25 ml bd b/f

Manomitram tab 1-0-1 A/f

Dinesa keram for external application

Results And Assessment

The assessment was done before and after the treatment by using PASI Score (Psoriasis Area and Severity Index), to measure the severity and extent of Psoriasis, DLQI (Dermatology life quality index), PDI (Psoriasis disability index). The range of absolute PASI scores is (0-72), DLQI (0-30), PDI (0-45). Before treatment, the score PASI, DLQI, PDI - 47.7,12,36 respectively and after one and half months of treatment, the score was found to be reduced up to 5,1,3 respectively.

Discussion

The patient presented with rough erythematous scaly lesions over thorax abdomen upperlimb lower limb and scalp with initial lesions over face could be correlated with *sidhma* as per *Ayurveda*. Initially patient presented with symptoms associated with burning sensation and hence *patoladi kashayam* and *shaddharanam*, *kaishora guggulu* was given for initial *deepana pachana*. externally *guluchyadi kashaya dhara* was administered. this reduced symptoms like burning sensation and patients appetite was improved. after proper *agni depthi* in order to bring back vitiated *dosha* back to *kostha snehapana* with *aragwada mahathikthakam* was administered and after attaining *samyag snigdha lakshana*, *virechana* was done for the purpose of *shodana* followed by *peyadi krama*. Next *panchathikthaka kashaya* was given which is indicated in *kustha*. *Patoladi gritha* in *samana* dose was given to pacify *vata prakopa* after *shodana*. *kustha* is a disease that need repeated *shodana* and hence *vajraka gritha* was given as it *kleda hara*, it acts on *twak raktha mamsa lasika* then again *virechana* with *avipathy choorna* was given followed by *peyadi*.

After *kostha sudhi* we administered *gandhaka rasayana*.

score	0	1	2	3	4	5	6
Erythema	None	Slight	Moderate	Severe	Very severe		
Induration							
Scaling							
Area %	0	<10	10-29	30-49	50-69	70-89	90-100

BEFORE TREATMENT

	Head	Upper limb	trunk	Lower limb
Erythema	2	2	3	3
Induration	2	2	3	3
Scaling	2	3	3	3
Sum (E+I+S)	6	7	9	9
Area score	2	3	5	6
Sum x Area	12	21	45	72
correction	1.2	4.2	13.5	28.8

PASI Score total: 1.2+4.2+13.5+28.8 =47.7

AFTER TREATMENT

	head	Upper limb	trunk	Lower limb
erythema	1	1	1	1
Induration	1	1	1	1
Scaling	0	1	1	1
Sum	2	3	3	3
Area score	1	1	2	2
Sum x area	2	3	6	6
correction	.2	.6	1.8	2.4

PASI Score total: .2+.6+1.8+2.4 =5

DLQI

Before treatment

DLQI: 12

After treatment

DLQI:1

PDI

Before treatment PDI: 36

After treatment PDI: 3

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Before Treatment



After Treatment

