



CASE REPORT

AYURVEDIC MANAGEMENT OF ERYTHRODERMIC PSORIASIS-A CASE REPORT

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Abstract

Background: Erythrodermic psoriasis is a rare and potentially life-threatening variant of psoriasis characterized by generalized erythema, scaling, and systemic manifestations.

Ayurvedic perspective: In Ayurveda, this condition can be understood within the framework of *Kushta* with severe *Eka Kushta* presentation involving *Tridosha* predominance with *Rakta* and *Rasa dushti*. The correlation with *Eka Kushta* requires justification based on Ayurvedic epistemology rather than direct equivalence with modern biomedical entities.

Case presentation: This case report highlights the effectiveness of Ayurvedic management in a 37-year-old male patient with a 17-year history of chronic plaque psoriasis that progressed into erythrodermic psoriasis. The patient presented with widespread erythematous exfoliative lesions involving more than 90% of body surface area, severe itching, burning sensation, pain, oozing lesions, malaise, and chills. Clinical examination and PASI assessment confirmed severe disease with an initial PASI score of 56.5.

Intervention: The treatment protocol included *Amapachana*, *Rookshana*, *Srotoshodhana*, *Vicharana*, *Snehapana*, *Virechana*, *Takradhara*, and *Rasayana* therapy along with internal medications and external applications.

Outcome: Significant improvement was observed in erythema, scaling, induration, itching, and overall quality of life. The PASI score reduced from 56.5 to 5.1 after treatment. Improvement of 70–80% with better sleep, reduced stress, and enhanced well-being was documented.

Conclusion: The study suggests that a structured Ayurvedic approach can effectively manage erythrodermic psoriasis and improve clinical outcomes.

Introduction

Psoriasis is a chronic immune-mediated inflammatory disease characterized by the interplay of cellular components and signalling molecules, influenced by genetic and environmental factors^{[1][2]}. In 2014, the World Health Organization recognised psoriasis as a serious non-communicable disease and highlighted the distress related to misdiagnosis, inadequate treatment and stigmatisation of this disease. The Global Burden of Disease Study estimated that psoriasis accounted for 5.6 million all-age disability-adjusted life-years (DALYs) in 2016; at least three-fold that of inflammatory bowel disease.

Psoriasis manifests in several clinical forms, the most common being chronic plaque psoriasis (psoriasis vulgaris), which accounts for approximately 80-90% of cases. This variant is distinguished by well-demarcated, erythematous, indurated papules and plaques covered with large, loose, lamellar silvery scales, and is commonly accompanied by nail and joint involvement.^{[1],[3]}

Erythrodermic psoriasis constitutes the most severe and potentially life-threatening variant of the disease, estimated to occur in approximately 1-2.5% of psoriasis patients [4]. It is characterized by generalized erythema involving more than 90% of the body surface area, with variable degrees of scaling. This acute form often develops from chronic plaque psoriasis, triggered by factors such as abrupt withdrawal of systemic corticosteroids, severe infections, medications, emotional stress, or excessive alcohol consumption^[5]. The transition from chronic plaque to erythrodermic psoriasis represents a critical juncture where the disease overwhelms the skin's homeostatic mechanisms, leading to widespread inflammation, loss of thermoregulatory function, fluid and electrolyte imbalances, and increased risk of sepsis.

The pathogenesis of psoriasis is multifactorial, involving genetic predisposition, environmental triggers, and immune dysregulation. Genome-wide association studies have identified more than 80 susceptibility loci, with HLA-Cw6 showing the strongest association, particularly in early-onset disease^[6]. In healthy skin, keratinocytes require approximately 28-30 days to migrate from the basal layer to the stratum corneum and an additional 2 weeks before they desquamate. In psoriasis, this maturation process is dramatically accelerated; epidermal turnover occurs within 3-5 days, leading to incomplete keratinocyte differentiation (parakeratosis) and marked epidermal thickening.^[7] In this erythrodermic variant, the underlying disease process is dramatically enhanced. The resulting widespread vascular dilation and immune cell accumulation manifest clinically as generalized erythema.

Diagnosis is primarily clinical. Skin biopsy may show acanthosis, elongated rete ridges, parakeratosis, hypogranulosis etc. Severity is assessed using tools such as PASI, BSA, and DLQI^[8]. Over the years, the treatment of psoriasis has advanced remarkably, moving from merely controlling symptoms to directly targeting the underlying immune pathways that drive the disease. For many patients with mild to moderate psoriasis, topical corticosteroids, vitamin D analogues, phototherapy, and long-standing systemic drugs such as methotrexate, cyclosporine, and acitretin continue to provide reliable relief and remain the mainstay of therapy^[9]. However erythrodermic psoriasis often requires hospitalization, aggressive systemic therapy and supportive care.

In Ayurveda, skin diseases arise from *Tridosha* imbalance affecting deeper tissues (*Rasa*, *Rakta*, *Mamsa*, *Asthi*). *Eka Kushta* characterized by dry, scaly patches, lack of sweating, and fish-scale appearance can present with extensive body involvement (*mahavastu*), intense burning, and systemic symptoms, correlating with erythrodermic psoriasis. The pathogenesis in this case involves *Nidana* (dietary

indiscretions, lifestyle factors, and psychological stress) leading to *Agnimandya*, *Ama* formation, *Rasavaha* and *Raktavaha Srotodushti*, *Rakta Dushti*, and accumulation of *Dushivisha*, culminating in *Twak Vikara* with *Tridoshic* aggravation (predominant *Pitta-Vata*). Treatment follows *Samprapti Vighatana* prioritizing *Shamana* to enhance *Agni*, reduce *Kleda*, and stabilize the patient, followed by *Shodhana* (*Virechana*) to eliminate vitiated *Doshas* and *Dushivisha*, and concluding with *Rasayana* for rejuvenation, emphasizing a holistic, personalized approach addressing the root cause.

CASE HISTORY

A 37 year old male patient presented to the department of agadatantra, govt. ayurveda college, Thiruvananthapuram, with a 17 year history of chronic plaque psoriasis transformed into erythrodermic psoriasis within a span of two weeks. He presented with widespread erythematous exfoliating lesions involving more than 90% of his body surface, associated with burning sensation, pain, and oozing from areas around the eyes, along with systemic symptoms including malaise and chills; his activities were limited to bed.

In 2009, the patient initially noticed redness and swelling over the right knee joint with pain after bathing in sea water. Subsequently, he sustained a fall on the same knee joint leading to aggravated pain and swelling. The knee was immobilized with a plaster of paris (POP) cast, following which whitish itchy lesions developed over the medial aspect of the right thigh. At that time, he visited a local allopathic practitioner who prescribed topical steroid creams and oral antihistamines, which provided partial and temporary relief from itching, but the lesions did not resolve completely. The initial lesions were ignored after symptomatic improvement, but gradually similar lesions started to appear all over the body over the next few months.

Over the following years from 2009-2026, the patient experienced intermittent flare-ups and remissions. He consulted multiple allopathic dermatologists and was treated with topical corticosteroids, emollients, and systemic medications including methotrexate and cyclosporine at various times. While these treatments provided initial control of the lesions, he experienced disease recurrence upon medication withdrawal and developed concerns about long-term side effects, leading to poor compliance and discontinuation of treatment. In 2015, the patient experienced significant worsening after a road traffic accident, following which he developed progressive deformity of bilateral fingers and toes. Despite ongoing allopathic treatment, the deformities progressed, and the skin lesions continued to wax and wane.

Acute exacerbation – first erythrodermic episode (2 weeks prior to presentation, June 2026). This was the first time the patient developed erythrodermic lesions. Due to intense emotional stress related to financial and personal issues, along with occasional alcohol consumption, he experienced an acute exacerbation. Discrete plaques rapidly coalesced and spread, resulting in generalized erythema involving more than 90% of his body surface. He developed oozing, burning sensation, pain, and was confined to bed with significant limitation of daily activities. He visited a nearby allopathic hospital where he was diagnosed with erythrodermic psoriasis and advised

hospitalization for systemic steroids and supportive care. However, the patient was reluctant to undergo allopathic treatment due to his previous negative experiences with side effects and recurrence upon withdrawal, and instead opted for Ayurvedic management. He reported no known history of other systemic illnesses such as diabetes, hypertension, or tuberculosis.

● History of Past Illness

Nothing relevant

PERSONAL HISTORY

1. Diet -mixed: Preferably Non-Vegetarian (intake of curd, fish, meat; 2-3 times in a week, (prefer to take *amla*, *lavana*, *katu ahara*)
2. Bowel- Frequency -1/day, evacuation- complete, stool consistency- well formed
3. Appetite-Moderate
4. Micturition-WNL
5. Sleep- Disturbed; Day sleep- Present occasionally
6. Allergy- Not detected
7. Addiction- alcohol occasionally
8. Exercise- Moderate
9. Stress - Present due to financial issues and personal issues

Family History

Nothing relevant

On Examination

General condition: ill- looking, febrile (low grade temperature 99.4F), limited to bed (routine activities affected)

Systemic Examination -Cardiovascular system, Central Nervous System, Respiratory System and per abdomen examinations showed no abnormality.

INTEGUMENTARY SYSTEM

- Site of onset-Medial aspect of right thigh
- Mode of spread-centripetal
- Colour-erythematous papule and plaques covered with silvery scales over body and exfoliating scales over scalp.
- Size-papules and plaques of varying size
- Primary lesion-Maculopapular and plaques
- Secondary lesions-scaling & exfoliation
- Consistency-body- thick, dry, face-thick wet
- Configuration -annular and coalesced
- Margination-well demarcated-body, ill-defined-scalp
- Surface characteristic-rough, dry scales over body, some scales with oozing are present in face.
- Distribution - scattered all over the body, Scaling with oozing present over face.
- Involvement of genitalia -not involved
- Itching -severe

- Pain -severe
- Nail changes-pitting present, hyperkeratosis
- Hair-hairfall present.
- candle grease sign -positive
- Auspitz sign-positive

ASTASTHANA PAREEKSHA

- Nadi(pulse)-*vatapithaja*
- Mootram(urine)-*Prakritha*
- Malam(stool)-*Sandra-picchila*, bowel habit was irregular
- Jihwa(tongue)-*shveta-picchila*, *sama*(coated)
- Sabda-prakrita
- Sparsa (touch)-*ushna*, *khara*, *drava*
- Drik(vision)-*avilam*
- Akriti-*krisham*(lean built)

EXAMINATION OF ROGA

NIDANA

- *Aharaja*-intake of *vidahianna*, untimely intake of food(*pramitasana*), *Raktadushtikara ahara* like pickles, sour foods.
- *Viharaja*-Due to the nature of his job and had interest in sports, exposure to heat (sunlight), occasional alcoholism.
- *Manasika* -mental stress due to financial and personal issues.

Samprapti Ghatakas:

Component	Description
Dosha	<i>Tridosha</i> with predominant <i>Vata-Pitta</i>
Dushya	Rasa, Rakta, Mamsa, Lasika
Agni - agnimandya	Agni - agnimandya
Ama	Present
Srotas	Rasavaha, Raktavaha, Mamsavaha
Srotodushti	<i>Sanga</i> , <i>Vimargagamana</i>
Roga Marga	Bahya
Roga Bala	Severe (<i>Prabala</i>)
Bala	Madhyama (moderate)

Samprapti: The pathogenesis of *Kushta* in this case unfolds through a sequence of pathological events. The *Nidana* including *Aharaja* (dietary) factors such as intake of *Vidahianna*, *Pramitasana*, and *Raktadushtikara Ahara* (blood-vitiating foods like pickles, sour foods); *Viharaja* factors including exposure to heat, occasional alcoholism; and *Manasika* factors such as chronic mental stress lead to *Agnimandya*. This results in *Ama* formation, which circulates through *Rasavaha Srotas* and causes *Rasa Dushti*. The vitiated *Rasa* affects *Raktavaha Srotas*, leading to *Rakta Dushti*. This *Rakta Dushti*, in combination with accumulated *Dushivisha* (developed from improper diet and lifestyle), manifests as *Twak Vikara* (skin disorders). In this case, the chronicity (17

years) and relapsing pattern indicate deeper *Dhatu* involvement (*Mamsa, Asthi*), and the acute erythrodermic flare represents *Tridoshic* aggravation with predominant *Pitta* and *Vata* involvement.

TREATMENT GIVEN

MATERIALS AND METHOD

Amapachana, rookshana, srothosodhana, vicharana snehapana, virechana, rasayana

TABLE1: MEDICATIONS

SL. NO	INTERNAL MEDICATIONS	DOSE&TIME	DURATION
1	Guluchyadi kashayam	75ml;6am,6pm, before food	Given for first 10 days.
2	Punarnavadi kashayam	Muhurmuhu	Given for first 10 days.
3	Sudarsanam Gulika	1-0-1with kashayam (1)	Given for first 10 days.
4	Chandraprabha Gulika	1-0-1 with kashayam (2)	Given for first 10 days.
5	Manasamitram vatakam	0-0-1;7.00pm	5 days
6	Sudhadurvadi keram	For external application over the body	
7	Chemparatyadi keram	For external application over the scalp	

TREATMENT PROTOCOL

Advice on discharge

- *Tiktaka grtam*-10gm at 9.00pm for 1 week
- *Virechana* with *velluruktailam* for one day
- *Sudhadurvadi keram* for external application.
- Advised to avoid curd, pickles, black gram preparations, pappad, fish especially shellfish dried or processed fish, excessively sour fruits.

TABLE 2: Procedures Done

SL. NO	PROCEDURE	DURATION					REMARKS
1	Triphala kshalanam	05 days					Oozing reduced
2	Nalpamara twak Kasayadhara	05 days					Burning sensation&oozing over face reduced
3	Vicharana snehapana with tiktaka grtam-bed time	1 st day 9.00pm 10gm	2 nd day 9.00pm 15gm	3 rd Day 9.00pm 20gm	4 th day 9.00pm 25gm	5 th day 9.00pm 25gm	Digestive fire improved Bowel -regular Dryness over scalp reduced
4	Abhyanga + ushnodaka snanam with sudhadurvadi keram	1 day					Anga mardavam
5	Virechana with velluruku tailam	15ml for one day					4-6 vegas Thickness of lesion, scales and itching reduced
6	Takradhara with mahatiktakam kasaya sookshma choornam	03 days					Symptoms reduced Stress reduced
7	Rasayanam with rasasindhooram capsule-75mg	05 days					Symptoms reduced around 70-80%

- Advised to involve in stress-relieving activities and maintain moderate physical activity.

Follow up

1. *manibadra gulam*-10gm at bed time

Assessment of the Patient

Criteria for Assessment

The Psoriasis Area and Severity Index (PASI) was recorded for the patient both before the initiation of therapy and again after the treatment course was completed. PASI is one of the most widely accepted tools for evaluating psoriasis, as it helps quantify the severity of lesions as well as the patient's overall response to treatment. The total score ranges from 0 to 72, where values between 1 and 10 indicate moderate disease and scores above 10 reflect severe involvement. This index considers both the intensity of key symptoms erythema, induration, and scaling and the percentage of body surface area affected, providing a comprehensive picture of disease severity.

Table 3: Area Score

SCORE	AREA
0	0
1	1-9%
2	10-29%
3	30-49%
4	50-69%
5	70-89%
6	90-100%

Table 4: Lesion Score

Score	0	1	2	3	4
Erythema	No symptoms	Mild	moderate	severe	Very severe
Thickness					
Scaling					

Table 5: PASI Score

LESION	Head & Neck		Upperlimb		Trunk		Lowerlimb	
	BT	AT	BT	AT	BT	AT	BT	AT
Erythema	3	1	3	1	3	1	4	1
Induration	3	0	4	0	4	0	4	0
Scaling	4	1	4	1	4	2	4	2
Sum	10	2	11	2	11	3	12	3
Percentage of the affected area								
Area score	5	1	5	2	5	2	5	2
Subtotal=sum*area score	50	1	55	4	55	6	60	6
Body area=subtotal*amount indicated	50×0.1	1×0.1	55×0.2	4×0.2	55×0.3	6×0.3	60×0.4	6×0.4
Total	5	0.1	11	0.8	16.5	1.8	24	2.4

Before treatment is 56.5

After treatment is 5.1

RESULT AND DISCUSSION

Erythrodermic psoriasis represents the most severe and potentially life-threatening form of psoriatic disease, characterized by generalized erythema involving more than 90% of the body surface area, with systemic manifestations including fever, malaise, fluid and electrolyte imbalances, and increased risk of sepsis ^[11]. Acute erythrodermic psoriasis often emerges from chronic plaque disease, triggered by events like sudden medication withdrawal, infection, or severe stress ^[12]. This case demonstrates that progression: following 17 years of plaque psoriasis, the patient developed erythroderma, precipitated by emotional strain and probable medication non-adherence.

In Ayurveda, the clinical picture of such dry, scaly, and persistent lesions closely parallels Eka Kushta, a form of Kshudra Kushta. Classical descriptions of Eka Kushta highlight features such as extensive lesion spread (mahavastu), fish-scale-like appearance (matsyaśakalopama), and minimal sweating, which were evident in this patient. Erythrodermic psoriasis, however, represents an acute and severe exacerbation where intense erythema and burning reflect the active involvement of Pitta, extending beyond the Vata-Kapha dominance of the chronic plaque form. This progression results in a complex Sannipataja (tridoshic) imbalance, requiring urgent and multifaceted treatment.

The chronicity and relapsing pattern of plaque psoriasis further justify its interpretation under the Kushta spectrum, where multiple doshas and deeper tissues such as Rasa, Rakta, Mamsa, asthi become involved.

Ayurveda explains that the pathogenesis of Kushta unfolds through a combination of impaired digestion, accumulation of ama, vitiation of blood, and obstruction of bodily channels. Additionally, the role of Dooshivisha-a subtle, accumulated toxin arising from improper diet and lifestyle-is considered significant in chronic skin disorders. The patient's habitual consumption of incompatible, excessively salty, spicy, and fermented foods supports this understanding. In traditional management of Kushta, treatment must begin with Samprapti Vighatana (breaking the disease pathway) through Śodhana therapies like Virechana, followed by Śamana measures to stabilize doshas and restore tissue health. The therapeutic design for this patient adhered to this principle, integrating Amapachana, Srotoshodhana, Rookshana, and

ultimately Virechana, which are fundamental approaches for neutralizing Dooshivisha and re-establishing systemic balance.

A combination of internal medicines and external therapies was selected to address the doshic predominance and symptom profile. Preparations such as Guluchyadi Kashayam, Punarnavadi Kashayam, Sudarsana Gulika, and Chandraprabha Gulika played key roles in reducing inflammation, improving digestion, clearing channels, and supporting urinary and metabolic functions. These formulations possess Amapachana, Agnidipana, and Srotoshodhana actions, contributing to the reduction of swelling, erythema, and heaviness. The administration of Tiktaka Ghrita as Vicharana Snehapana enhanced opening of internal channels, pacified aggravated Vata-Pitta, and prepared the body for subsequent purification. Eventually, rasadushti causes manovahasrotodushti which is balanced by manasamitravatakam and mahatiktaka grta.

Among the procedures, Nalpamara twak Kashaya Dhara effectively reduced burning sensation and oozing by its cooling, anti-inflammatory, and wound-healing properties. Abhyanga with Sudhadurvadi Keram provided snigdhatva and improved texture of the skin. Virechana using Velluruku Tailam played a decisive role by eliminating vitiated Pitta and Kapha from the systemic channels, leading to marked reduction in scaling, thickness of plaques, and itching. This was followed by Takradhara, which not only pacified Pitta and improved skin hydration but also significantly lowered stress levels an important contributor to disease relapse. The concluding Rasayana therapy with Rasasindhooram rejuvenated tissues and supported long-term recovery by strengthening immunity and preventing rapid recurrence.

Following the complete course of therapy, the patient exhibited substantial clinical improvement, with reduction in erythema, scaling, induration, and reduced lesion size. This was reflected in the PASI score, which decreased from 56.5 before treatment to 5.1 after treatment. Improvement of up to 70–80% was observed by the end of the treatment period, accompanied by better sleep, reduced irritation, and an overall sense of well-being. The combined effect of Śodhana, Śamana, dietary modification, and stress management appears to have played a synergistic role, reinforcing the Ayurvedic principle that chronic skin diseases require a holistic, multilevel therapeutic approach rather than symptomatic relief alone.

Conclusion

This case report demonstrates the successful management of a 37-year-old male with erythrodermic psoriasis, a severe and life-threatening dermatological emergency, using a comprehensive Ayurvedic treatment protocol. The patient, who had suffered from chronic plaque psoriasis for 17 years, presented with generalized erythema involving more than 90% of his body surface area, severe scaling, oozing, burning sensation, and systemic symptoms including fever and malaise, with a baseline PASI score of 56.5. Following a structured treatment regimen comprising *Amapachana*, *Rookshana*, *Srotoshodhana*, *Vicharana* *Snehapana* with *Tiktaka Ghrita*, *Virechana* with *Velluruku Tailam*, *Kashayadhara*, *Takradhara*, *Abhyanga*, and *Rasayana* therapy, the patient showed remarkable clinical improvement. The PASI score declined significantly from 56.5 to 5.1, with 70–80% reduction in erythema, scaling, induration, and itching, alongside resolution of associated symptoms such as burning sensation, oozing, and sleep disturbances.

The correlation of erythrodermic psoriasis with *Eka Kushta* is justified by the clinical presentation-extensive lesion spread (*mahavastu*), fish-scale-like appearance (*matsyaśakalopama*), and minimal sweating-along with the severe acute exacerbation with *Tridoshic* involvement and *Dushivisha* accumulation. The *Samprapti* (pathogenesis) framework provided a clear rationale for the stage-wise treatment approach focused on *Samprapti Vighatana*.

Erythrodermic psoriasis, though considered a dermatological emergency requiring hospitalization in conventional practice, can be effectively managed with a well-planned, stage-wise Ayurvedic approach that addresses underlying *Tridoshic* imbalance, eliminates accumulated toxins (*Dooshivisha*), and rejuvenates tissues (*Rasayana*). The key lies in prioritizing *Shamana* (palliative) therapies to stabilize the patient and enhance *Agni* before implementing *Shodhana* (purification) procedures like *Virechana*.

This case underscores the importance of holistic management integrating internal medications, external therapies, dietary modifications, and stress reduction, offering a safe and effective alternative for patients reluctant to continue conventional treatments due to side effects or disease recurrence upon medication withdrawal. Further large-scale studies are warranted to validate these findings.

PATIENT PERSPECTIVE AND INFORMED CONSENT

Informed Consent

The patient was provided with detailed information regarding the nature of the Ayurvedic treatment protocol, including the rationale for each therapeutic intervention, the expected benefits, potential risks, and alternative treatment options. The patient was also informed about the purpose of publishing this case report, including the use of clinical photographs for academic documentation. Informed consent was obtained from the patient prior to the publication of this case report. The consent form was signed by the patient after all queries were satisfactorily addressed.

Patient's Perspective

The patient shared his experience of living with psoriasis for 17 years and his journey through various treatment modalities before opting for Ayurvedic management. The patient further reported that he has been following the dietary and lifestyle advice given at discharge and has continued with the prescribed *Rasayana* therapy. He expressed satisfaction with the overall treatment experience and the compassionate care provided by the treating physicians and staff.

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BEFORE TREATMENT



AFTER TREATMENT



BEFORE TREATMENT-TRUNK



AFTER TREATMENT-TRUNK



BEFORE TREATMENT- LL

AFTER TREATMENT

FIGURE 1-Photographs of patient before and after treatment