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From Flare to Freedom: Managing Erythrodermic Psoriasis (Kitibha Kushta) through Panchkarma (Ayurvedic Detoxification) and Polyherbal Therapy: A Case Report

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ABSTRACT:

Background: Erythrodermic psoriasis is a form of psoriasis that affects more than 90% of the body's surface area. It has systemic complications like thermoregulatory dysfunction, fluid imbalance, and secondary infections. Contemporary treatments, such as systemic immunosuppressants offer symptomatic management, but they produce adverse effects and cause relapse. *Ayurveda* classifies this condition under *Kitibha Kushta*, a type of *Kshudra Kushta* (minor skin disorders), and favours a approach of detoxification (*Shodhana*) followed by palliation (*Shamana*).

Case Presentation: A 36-year-old male presented with a 4-year history of generalized erythematous, scaly patches with severe pruritus over the entire body. He had scoring of 45.2 on the Psoriasis Area and Severity Index (PASI) and 25 on the Dermatology Life Quality Index (DLQI). This indicated severe disease with an extremely large impact on quality of life. The patient was managed with a 90-day integrated Ayurvedic protocol including *Deepana-Pachana*, internal and external oleation (*Snehana*), whole-body sudation (*Sarvanga Bashpa Sweda*), therapeutic purgation (*Virechana*) with *Trivritta Leha*, *triphala kwath* and *manuka phanta,* post-purgation diet (*Samsarjana Krama*), and oral polyherbal formulations including *Kaishor Guggul*, *Patolkaturohinyadi Kashay*, *Manibhadra Gulam*,

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Aarogyavardhini Vati, and Tab. Allerco, and topical *Psorolin* oil.

Outcomes: At the end of the 90-day treatment, the PASI score reduced from 45.2 (severe) to 5.6 (mild) at Day 17 and to 0 (clear) at the last follow-up. The DLQI score improved from 25 (large effect) to 6 (moderate effect) at Day 17 and reached 0 (no effect) at the 90-day. Complete clinical improvement was achieved with no relapses. No adverse effects were noticed throughout the treatment.

Conclusions: This case shows that a planned Ayurvedic approach combining *Panchakarma* with individualized polyherbal therapy may result in full and lasting recovery in severe erythrodermic psoriasis.

1. INTRODUCTION

Psoriasis is a chronic inflammatory skin disorder caused by abnormal keratinocyte proliferation, dysregulated T-lymphocyte activation, and excessive release of pro-inflammatory cytokines such as Tumour Necrosis Factor-alpha (TNF-α), Interleukin-17 (IL-17), and IL-23. Psoriasis affects approx. 2-3% of the world population, with prevalence that ranges from 0.09% to 11.43% based on geographic area.[1] The World Health Organization (WHO) identifies psoriasis as a serious noncommunicable illness that requires priority assistance, because of its impact on physical, psychological, and socioeconomic health.[2] Erythrodermic psoriasis (EP) is the most severe form which involves over 75-90% of the Total body surface area (BSA). It is characterized by general erythema, widespread scaling, exfoliation, severe pruritus, burning, oedema, and systemic signs such as fever, malaise, lymphadenopathy, and tachycardia. There is high possibility of electrolyte imbalance, sepsis, and hypothermia. Erythrodermic psoriasis represents for 1-2% of all psoriasis cases.[3]

Limitations of Modern Treatments: Dermatologists currently treat erythrodermic psoriasis using systemic drugs such as cyclosporine, methotrexate, and acitretin and with biological treatments like TNF-α, IL-17, and IL-23 inhibitors. While these agents offer quick disease control, they have major limitations. With extended use, cyclosporine can cause nephrotoxicity and hypertension. Methotrexate has been linked to liver damage, bone marrow suppression, and teratogenicity. However very effective, biologics are expensive, immunosuppressive, and have been linked to an increased risk of reactivation of latent TB, and cancer. [4] Also, relapse upon discontinuance is a persistent issue, and many patients develop therapeutic resistance with time, indicating the need for safer and more sustainable alternatives.

Ayurvedic Perspective and Rationale: In Ayurveda, erythrodermic psoriasis correlates with *Kitibha Kushta*, classified under *Kshudra Kushta* (minor skin disorders). *Kushta Roga* is attributed to the vitiation of all three *Doshas* (*Vata, Pitta, Kapha*) and the involvement of seven *Dushyas* (body elements), specifically *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle tissue), and *Lasika* (lymph fluid).[5] *Kitibha Kushta* is a *Raktapradoshaja Vikara* (disorder of blood vitiation), mainly caused by excess *Vata* and *Kapha Dosha*, and presents clinically as brown skin discoloration (*Shyava Varna*), dryness (*Parusham*), rough texture (*Kina Khara Sparsha*), dry skin eruptions (*Ruksha Pidika*), and pruritus (*Kandu*).[6]

The *Ayurvedic* approach for managing *Kushta Roga* suggests a two-stage strategy: purificatory therapy (*Shodhana*) to eliminate the deep-seated toxins (*Ama*) and correct *Dosha* imbalance, followed by palliative therapy (*Shamana*) to restore *Dhatu* quality and prevent recurrence. This case report presents the successful management of a 36-year-old male with erythrodermic psoriasis using this *Ayurvedic* protocol.

2. MATERIALS AND METHODS

2.1 Patient Information

A 36-year-old male patient presented with a chief complaint of generalized scaly, erythematous, reddish - brown patches with severe pruritus on whole body surface for 4 years. He had previously taken treatment of Unani medications, which provided symptomatic relief. Over time, lesions became more widespread, irregular, and severely pruritic, making the patient to seek *Ayurvedic* consultation. No past or family history of major systemic illness was noted.

2.2 Personal Habits

The patient has been drinking alcohol about three times per week for the last 4-5 years, which is a known trigger for psoriasis worsening. There was no history of tobacco or recreational drug use. The patient was counseled on alcohol quitting as part of the therapy plan due to its potential to impair *Agni* (digestive fire) and liver function and was encouraged to abstain completely from alcohol after the treatment period.

2.3 General Examination

Pulse: 82 beats/min, Blood Pressure: 130/90 mmHg, Temperature: 97.7 °F

2.4 Systemic Examination

Respiratory System: Vesicular breath sounds, no additional sounds. **Cardiovascular System:** Normal heart sounds with no murmurs. **Abdomen:** Soft and non-tender; no organomegaly. **Central Nervous System:** Alert and oriented of time, place, and person; no localized neurological impairments.

2.5 Eight-Fold Diagnostic Assessment (*Asthavidha Pariksha*)

The eight-point *Ayurvedic* clinical evaluation, known as *Asthavidha Pariksha*, was conducted as follows:

1. *Nadi* (Pulse Examination) - *Kapha Pradhan Pitta*; 78 beats/min
2. *Mala* (Bowel Examination) - Regular bowel habit, 1–2 times per day
3. *Mutra* (Urine Examination) - 6-7 times per day
4. *Jivha* (Tongue Examination) - Coated (*Saam*)
5. *Shabda* (Voice Examination) - Normal (within normal limits)
6. *Sparsha* (Touch/Skin Examination) - Warm to touch (*Ushna*)
7. *Drik* (Vision Examination) - Normal (within normal limits)
8. *Aakruti* (Body Built Assessment) - Moderate build (*Madhyam*)

2.6 Local Examination

Appearance: Lesions were widespread, scaly, and erythematous; irregular in shape and unevenly distributed on the total body surface including the trunk, upper extremities, and lower extremities; reddish-brown in color with silvery white scales.

Palpation: Skin was thickened, rough, and dry to touch throughout the affected area. No active weeping, pustulation, or lymphadenopathy noted on initial examination. Skin temperature was higher on affected sites.

2.7 Diagnostic Assessment

The patient was diagnosed with Erythrodermic Psoriasis based on the thorough clinical presentation, chronicity of the condition (4 years), distribution of skin lesions involving >90% of the body surface area, and characteristic findings on both modern dermatological and *Ayurvedic* examinations. The diagnostic grading tools used were the Psoriasis Area and Severity Index (PASI) [7] and the Dermatology Life Quality Index (DLQI).[8]

Table 1: PASI and DLQI Scoring, Ranges, and Patient Results

Assessment Tool	Score Range	Patient Scores
PASI (Psoriasis Area and Severity Index)	0 – 72	Baseline: 45.2 (Severe) Post-treatment (Day 17): 5.6 (Mild) Follow-up (Day 90): 0 (Clear)
DLQI (Dermatology Life	0 – 30	Baseline: 25 (Extremely large) Post-treatment (Day 17): 6 (Moderate)

Quality Index)	Follow-up (Day 90): 0 (No effect)

2.8 Differential Diagnosis

The following differential diagnosis were considered and excluded based on clinical findings, distribution patterns, and disease characteristics:

Table 2: Differential Diagnosis of Psoriasis Subtypes

Psoriasis Type	**Inclusion Criteria**	**Exclusion Criteria (in this patient)**
Plaque Psoriasis	Well-demarcated, raised, erythematous plaques with whitish shiny scales; common on elbows, knees, scalp; nail pitting possible.	Absent: diffuse whole-body erythema; no systemic symptoms of severity seen.
Guttate Psoriasis	Sudden, small, drop-shaped erythematous lesions; minimal scaling; triggered by streptococcal infection.	Absent: lesions mainly on trunk; no generalized erythroderma with diffuse peeling; not any throat infection.
Flexural (Inverse) Psoriasis	Smooth, shiny, well-demarcated erythematous plaques in skin folds (axilla, groin, under breasts); worsened by friction and sweating.	Absent: thick scaling present; lesions not localized to intertriginous folds; generalized distribution.
Pustular Psoriasis	Sterile pustules on skin; acute flare with systemic symptoms; sharply demarcated lesions.	Absent: whole-body erythema with dominant scaling rather than pustule formation; no sterile pustules on examination.
Erythrodermic Psoriasis ✓ CONFIRMED	Generalized erythema ≥75% BSA; diffuse scaling and exfoliation; intense itching; bright red, dry, warm skin; 4-year progressive history. All inclusion criteria fully met in the present case. PASI 45.2, DLQI 25, generalized body surface involvement confirmed	

2.9 Therapeutic steps:

Phase 1: Deepana-Pachana - Days 1–3

Table 3: Medications given at First Visit (*Deepana-Pachana*)

Sr.	**Medication**	**Dose**	**Date**	**Anupan**
1	*Chitrakaadi Vati* (tablet) - 500 mg	Three times a day,1 tablet after meal	20/02/2025 To 22/02/2025	with warm water
2	*Trikatu Choorna* 3 gm	Twice a day, after meal	20/02/2025 To 22/02/2025	with warm water

3	*Triphala Choorna* 20 gm	Once a day	20/02/2025 To 22/02/2025	Prepare as decoction (*Kwath*) and pour on whole body surface (*Pariseka*)

Phase 2: Snehapana* (Internal Oleation) *Days 4–8

Internal oleation (*Snehapana*) was achieved using *Panchatikta ghrita* over 5 consecutive days in increasing doses, given on an empty stomach every morning with lukewarm water. The patient was observed daily for signs of adequate oleation (*Samyak Snigdha Lakshana*) which are softness of skin, unctuousness of body, easy passage of stool, appearance of Sneha in stool.

Table 4: *Snehapana* Schedule with *Panchatikta Ghrita*

Day	Quantity (ml)	Date	Digestion Time
1	30 millilitres	23/02/2025	4 hours
2	60 millilitres	24/02/2025	4 hours 15 minutes
3	90 millilitres	25/02/2025	6 hours
4	120 millilitres	26/02/2025	6 hours 30 minutes
5	150 millilitres	27/02/2025	7 hours

Phase 3: Bahya Snehana and Sarvanga Bashpa Sweda* (External Oleation and Sudation) *from Days 9–11

On the 9th, 10th, and 11th day of the protocol (28/02/2025 to 02/03/2025), external oleation (*Bahya Abhyanga*) was given with *Eladi Taila*, followed by whole-body steam therapy (*Sarvanga Bashpa Sweda*). The oil massage was done for 30–45 minutes for every session, steam was applied for 10 minutes afterwards. The combined procedure helped further loosen and mobilize pathological *Doshas* into the gastrointestinal tract (*Koshtha*) in preparation for active purgation.

Phase 4: Virechana (Therapeutic Purgation) Day 11

On the 11th day (02/03/2025), the patient received 50 gm of *Trivritta Leha* with *Triphala kwath* 400ml and *Manuka phanta* 400ml (*Virechanopaga Dravya)* as the active purgative agent. Moderate detoxification (Madhyam Shuddhi Lakshana) was achieved, with 15 vega of Purgation in the day. During the procedure, the patient was closely watched for vital signs, signs of adequate purgation, and any side effects. There was no major electrolyte imbalance, excessive dehydration, or side effects observed.

Phase 5: Samsarjana Krama* (Post-Purgation Dietary Rehabilitation) *Days 12-16

A 5-day post-purgation diet called *Samsarjana Krama* was used to gradually restore digestive fire (*Jatharagni*) and replenish the depleted *Dhatus*. This dietary regimen began with thin rice gruel (*Peya*), moved to thick rice gruel (*Vilepi*), then to vegetable soup (*Yusha*), and eventually to a semi-solid diet on Day 16. This strategy is required after *Virechana* to avoid metabolic stress and making sure a safe transition to palliative drugs.

Phase 6: Shamana Aushadhis (Palliative Medications) Days 17–90

After completion of *Samsarjana Krama*, the palliative (*Shamana*) medications were prescribed for 75 days:

Table 5: *Shamana Aushadhis* (Palliative Medications) 75-Day Phase

Sr.	Medication	Dose	Date	Instruction	Duration
1	*Kaishor Guggul* (tablet) 500 mg	Three times a day, 1 tablet before meal	8/03/25 to 21/05/25	With *Patolkaturohinyadi Kashay* 15 ml + 45 ml lukewarm water	75 days
2	*Manibhadra Gulam* 1 tsp	Once a day – At night, after meal	8/03/25 to 21/05/25	With lukewarm water	
3	*Aarogyavardhini Vati* (tablet) 500 mg	Twice a day, 1 tablet after meal	8/03/25 to 21/05/25	With lukewarm water	
4	Tab. Allerco 500 mg	Twice a day, 1 tablet after meal	8/03/25 to 21/05/25	With lukewarm water	
5	Psorolin Oil	Once a day	8/03/25 to 21/05/25	Local application on affected area	

2.10 Follow-up and Outcomes

Table 6: Follow-up Parameters and Clinical Outcomes at Each Visit

Parameter / Visit	Day 0 (20/02/2025) Baseline	Day 17 (08/03/2025) *post-Samsarjana*	(23/05/2025) Follow-up
Scaly Patches	Generalized, widespread, thick, rough	Marked improvement; reduced scaling	No new patches; complete remission
Itching (*Kandu*)	Severe all over body	Significant relief	Absent
Burning Sensation	Present throughout	Significantly reduced	Absent
Erythema (Redness)	Intense erythematous patches	Reduced redness	No recurrence
Dry and rough skin	Dry, thickened, rough skin	skin texture improved	Skin normal
PASI	45.2-Severe	5.6-Mild	0-Clear (no relapse)
DLQI	25-Extremely large effect	6-Moderate effect	0-No effect on life
Patient Reported Wellbeing	Severely distressed, sleep disturbed, unable to do routine activities	Moderate improvement, sleep better, partial resumption of activities	Full normal activity resumed, well-being restored

3. RESULTS - CLINICAL PHOTOGRAPHS

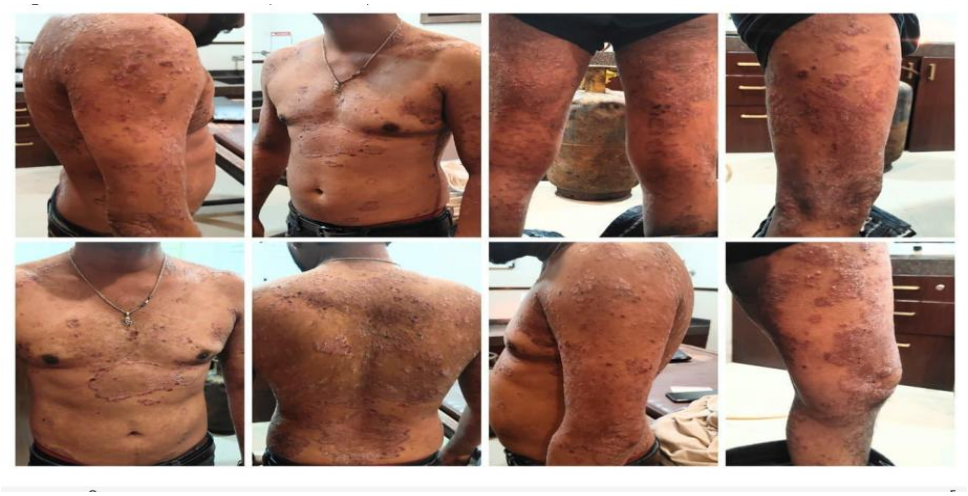

Figure 1: Before Treatment (20/02/2025) PASI Score: 45.2

At baseline, erythematous, scaly, thicker plaques seen on the trunk and extremities. PASI score: 45.2 (Severe).

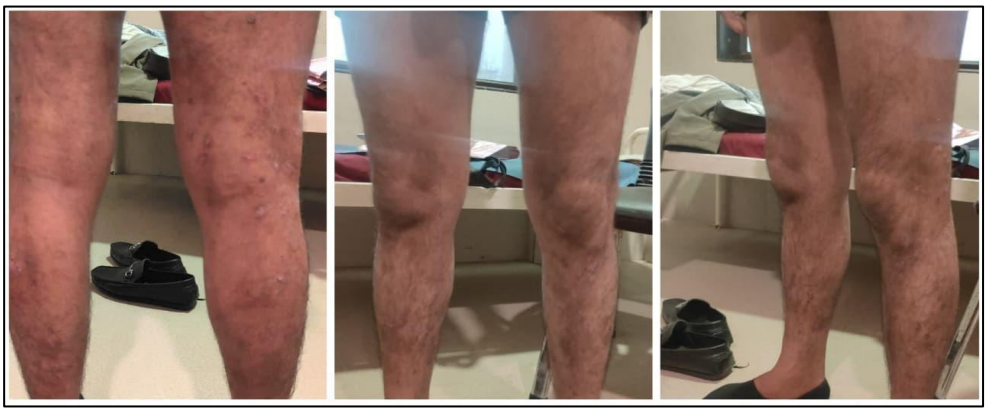

Figure 2: After Treatment (09/03/2025) PASI Score: 5.6

Virechana and *Samsarjana Krama* resulted in major reductions in erythema, scaling, and plaque thickness. PASI score: 5.6 (Mild).

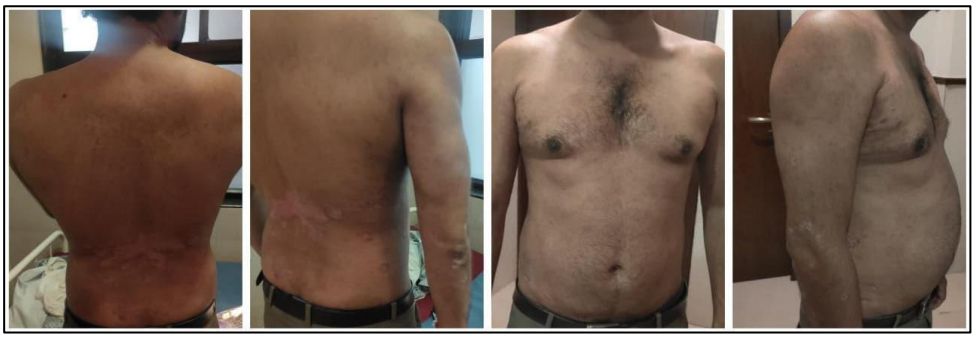

Figure 3: At Follow-up (23/05/2025) — PASI Score: 0

After 90 days follow up, there were no residual plaques, erythema, or pruritus, showing complete clinical recovery. PASI score: 0; DLQI score: 0. There was no relapse observed.

4. DISCUSSION

This case shows the successful application of a systematic, stage-wise *Ayurvedic* protocol in the management of erythrodermic psoriasis (*Kitibha Kushta*), with complete clinical recovery after 90 days. Its was evidenced by PASI and DLQI scores which reached 0 at followup with no relapse. The treatment was designed in a stepwise manner, and was based on classical *Ayurvedic* principles of detoxification before internal medication. That ensured that pathological *Doshas* and *Ama* were eliminated before the integrity of depleted *Dhatus* was restored. Each therapeutic component was selected with specific pharmacological and *doshic* rationale. Treatment was started with *Deepana-Pachana* therapy using *Chitrakadi Vati* and *Trikatu Churna*. In this patient, the coated tongue and warm skin on examination suggested active *ama* formation and impaired *Agni*, which made this preparatory step essential. *Chitrakadi Vati's* pungent (*Katu Rasa*) and hot (*Ushna Virya*) properties have stimulated digestive secretions and mobilize stagnant *Doshas*.[9] And *Trikatu Churna* is a classical combination of ginger (*Sunthi*), black pepper (*Maricha*), and long pepper (*Pippali*) which acted as a potent *Deepana* and *Pachana* agent, enhancing bioavailability of subsequent medications through stimulation of digestive enzymes and improvement of intestinal motility.[10] *Triphala Kwath Pariseka* (external pouring of a polyherbal decoction) was used as a *Bahirparimarjana Chikitsa* (external purification therapy). Its *Tridoshaghna* (balancing all three Doshas) properties as well as antioxidant action may have helped reduce erythema, scaling, and skin dryness when applied topically over inflamed psoriatic lesions, giving the patient some early symptomatic relief. The pre-purgation phase involved internal *Snehapana* with *Panchatikta Ghrita*. This ghee was specifically chosen for this patient because *Kitibha kushta* involves deep-seated *Rakta* and *Twak dushti*, and it has a fat-based medium which is capable for reaching and losing toxins from deeper tissue levels. The Herbs present in this formulation like *Nimba*, *Patol*, and *Guduchi* being bitter have simultaneously helped modulate the regulated immune response that underlines psoriatic pathology. It gradually mobilize pathological *Doshas* into the gastrointestinal tract (*Koshtha*) where they can be expelled via therapeutic purgation.[11] It simultaneously enhances *Agni*, facilitates *Utkleshana* (*Dosha* excitation and mobilization), and enables *Raktashodhana* (blood purification), all of which are necessary needs for *Virechana* efficacy.[12] *Bahaya abhyangam* with *Eladi taila* followed by *Sarvanga Bashpa sweda* was then done over three days to further mobilize the *Dohas* towards the GIT in preparation for Purgation. *Virechana* was performed using *Trivritta Leha*, which was an appropriate choice in this case, as *Operculina turpethum* facilitates complete purgation without causing electrolyte imbalance or excessive fluid loss. Which is very important considering that erythrodermic psoriasis already compromises fluid haemostatis. *Virechana* operates by targeting the elimination of vitiated *Pitta Dosha*, *Rakta* (blood), and *Ama* through the intestinal channel via controlled purgation.[13][14] *Madhyam Shuddhi Lakshana* was achieved in this patient, as evidenced by 15 *vega* of purgation, which represents an optimal therapeutic outcome in classical *Ayurvedic* assessment. This was followed by the 5-day post-purgation *Samsarjana Krama* which is a mandatory and clinically essential phase after *Virechana*. Purgative therapy temporarily weakens the *agni*, and the gradual reintroduction of nutrition through a graded dietary regimen. Where starting from thin gruel (*Peya*), progressing through thick gruel (*Vilepi*) and vegetable soup (*Yusha*), to normal food, which allowed the *Jatharagni* to recover and assured the body was ready to absorb and utilize the palliative medications that were being used.[15]. After *Samsarjana Krama, Kaishor Guggul* was given as *Raktashodhaka Rasayana* (blood-purifying tonic), targeting *Pitta-Rakta* vitiation that underlies the inflammation in psoriasis. *Triphala* in the formulation enhances systemic detoxification through its mild laxative and antioxidant properties, and *Guggulu* provides *Vata-Kapha Shamana* and *Srotoshodhana* (channel-clearing) activity, which address the multi-*Doshic* pathogenesis of erythrodermic psoriasis.[16] Guggulsterones, the active constituents of Commiphora mukul, have anti-inflammatory activity through inhibition of NF-ϰB pathway and modulation of inflammatory mediators in contemporary pharmacological studies, hence provides a rationale for its clinical efficacy in immune-mediated skin disorders. *Patolkaturohinyadi Kashay* was given as a systemic *Raktashodhaka* (blood-purifying) and *Pitta-Kapha Shamaka* (*Pitta-Kapha* pacifying) decoction.[17] Its light (*Laghu*) and dry (*Ruksha*) properties, combined with bitter (*Tikta*) and astringent (*Kashaya*) taste, have facilitated ongoing *Ama* digestion and resolved *Srotorodha* (channel blockages) responsible for the chronic disease state. The main herb Picrorhiza kurroa (*Kutki*) has hepatoprotective and immunomodulatory properties in contemporary pharmacological research. That also include modulation of T-lymphocyte activity, which is directly relevant to the pathogenesis of psoriasis.[18] *Manibhadra Gulam* was given as the *Nitya Virechaka* (daily gentle purgative) nightly, to maintain regular mild purgation in *Kushtha Roga*. This approach has prevented re-accumulation of *Pitta* and *Ama* in the system. Otherwise, could have led to recurrence or worsening of psoriatic lesions. Its principal ingredient, *Trivrit* (Operculina turpethum), promotes gentle elimination of *Pitta* and *Ama* through the lower gastrointestinal channel, preventing re-accumulation of toxins and sustaining the therapeutic gains achieved during *Virechana*. The regular use of *Nitya Virechana* in psoriasis management is substantiated by multiple Ayurvedic classical

texts and contemporary case reports.[19] *Aarogyavardhini* is a classical formulation, its hot potency (*Ushna Virya*) and post-digestive *Katu Vipaka* pacify *Pitta-Kapha Doshas*.[20] It was included, considering this patient's metabolic profile and alcohol history, as it offers hepato-protective, hypolipidaemic, and immunomodulator benefits that may have addressed the background metabolic disturbances contributing to his condition. Its immunomodulatory activity further supports its utility as an adjunct in autoimmune skin disorders such as psoriasis.[21] Tab. Allerco, a polyherbal proprietary formulation, was given for its immunomodulatory and anti-inflammatory properties. Its principal constituents *Neem* (Azadirachta indica), *Bakuchi* (Psoralea corylifolia), *Haritaki* (Terminalia chebula), *Brahmi* (Bacopa monnieri), and *Chirata* (Swertia chirata) have shown modulation of immune system function through multiple mechanisms, including inhibition of pro-inflammatory cytokines such as TNF-α, IL-17, and IL-23, and enhancement of cellular immunity.[22] *Psoralea corylifolia,* known as *Bakuchi* in *Ayurveda*, is of particular relevance as it has been classically recognized as a specific *Kushtaghna* herb and modern pharmacological research has identified its active constituent psoralen as having potent anti-proliferative effects on keratinocytes, directly relevant to the pathological hyperproliferation seen in psoriasis.[23] Topical Psorolin oil was prescribed for local application on affected areas throughout the 75-day palliative phase. It acted as a *Kushtaghna* (skin disease-resolving), *Raktashodhaka* (blood-purifying), and *Ropana* (wound-healing) agent, giving symptomatic relief from itching, erythema, and dryness at the site of lesions. *Manjistha* (*Rubia cordifolia*) in the formulation improved microcirculation and reduced inflammatory pigmentation.[24] *Wrightia tinctoria* has shown pharmacology approaches to restore normal keratinocyte proliferation by targeting key inflammatory pathways, addresses the pathological hyperproliferation characteristic of psoriasis at tissue level.[25]

5. CONCLUSION

This case shows the effective and complete remission of erythrodermic psoriasis after a planned 90-day *Ayurvedic* treatment that included *Deepana-Pachana, Panchakarma (Snehana, Swedana, Virechana), Samsarjana Krama, and* polyherbal *Shamana therapy.* The PASI score decreased from 45.2 (severe) to 0 (clear), and the DLQI score decreased from 25 (very significant effect) to 0 (no impact on quality of life), with no recurrence seen after the 90-day follow-up. No side effects were seen during the treatment duration. These findings offer the potential of classical Ayurvedic medicine as a feasible, safe, and holistic treatment option for severe autoimmune dermatological conditions. Even including those that are resistant to or unsuitable for contemporary therapy. The protocol organized, stage-by-stage approach to address the underlying cause through detoxification before tissue repair demonstrates the depth of Ayurvedic clinical thinking and its ability to generate long-term therapeutic benefits.

Patient Perspective: The patient was satisfied with the Ayurvedic treatment. He observed that, compared to his past treatments, Ayurvedic therapy improved his skin condition but also his digestion, sleep quality, energy levels, and general feeling of physical well-being. He observed that the step-by-step treatment was well-tolerated, and he had no discomfort or side effects.

Consent for Publication

Written informed consent for publication of clinical data, outcome measures, and clinical photographs was obtained from the patient.

Competing Interests / Conflicts of Interest

NIL

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NIL

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