WJPMR, 2026, 12(9), 288-292

Review Article

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

Impact Factor: 7.533

ISSN (O): 2455-3301

ISSN (P): 3051-2557

Coden USA: WJPMBB

A REVIEW ARTICLE ON AYURVEDIC INSIGHTS INTO GUT HEALTH AND PSORIATIC ARTHRITIS

Dr. Megha M. Pujari[1]*, Dr. Ananta S. Desai[2]

[1]Final Year Postgraduate Scholar, Department of Kayachikitsa, GAMC Mysuru.
[2]Professor and Head Department of Kayachikitsa, GAMC Mysore.

***Corresponding Author: Dr. Megha M. Pujari**

Final Year Postgraduate Scholar, Department of Kayachikitsa, GAMC Mysuru.

DOI: https://doi.org/10.5281/zenodo.22254308

How to cite this Article: Dr. Megha M. Pujari[1*], Dr. Ananta S. Desai[2] (2026). A Review Article On Ayurvedic Insights Into Gut Health And Psoriatic Arthritis. World Journal of Pharmaceutical and Medical Research, 12(9), 288–292.

Article Received on 05/08/2026 **Article Revised on 25/08/2026** **Article Published on 01/09/2026**

ABSTRACT

Psoriatic arthritis (PsA) is a chronic and progressive autoimmune disorder associated with psoriasis, characterized by joint inflammation, dactylitis and skin and nail lesions. Although conventional management provides symptomatic relief, it often fails to address root causes such as immune dysregulation and gut dysbiosis. This study aims to explore PsA through the *Ayurvedic* lens, with emphasis on the role of *Krimi*, *Agni* (Digestive and metabolic fire), $\overline{A}$*ma* (toxic metabolites), and *doshic* imbalance, while correlating these with the modern concept of the gut-skin-joint axis. A conceptual review was undertaken using classical Ayurvedic texts alongside contemporary biomedical literature on PsA pathogenesis and gut microbiome research. Ayurvedic diagnostic frameworks were applied to interpret PsA under *Kushta* and *Amavata*–like condition. Therapeutic principles of *Shodhana* (biopurification), *Shamana* (palliation), and *Rasayana* (rejuvenation) were analysed, with particular focus on gut-modulating interventions such as *Virechana, Basti*. Emerging biomedical evidence highlights the significance of the gut-skin-joint axis, which supports *Ayurveda's* view of the gastrointestinal tract as the root of systemic disease. Dysbiosis-induced immune dysregulation shows striking parallels with $\overline{A}$*ma*-mediated pathology described in *Ayurveda*. *Ayurvedic* therapies aim to restore digestive strength, eliminate toxins, and balance *Vata* and *Rakta Dhatu*. Additionally, herbal formulations and *Rasayana* therapies offer immunomodulatory and rejuvenative potential, contributing to long-term disease resilience. An *Ayurvedic* interventions may offer personalized, sustainable, and root-cause–oriented management for PsA.

KEYWORDS: Psoriatic arthritis, Dysbiosis,Gut-skin-joint axis,*Amavata*,*Kushta*.

INTRODUCTION

Psoriatic arthritis is defined as heterogeneous, chronic inflammatory arthritis that affects 5–30% of persons with psoriasis. Some patients, especially those with spondylitis, will carry the HLAB27 histocompatibility antigen.[1] In the UK and Denmark the estimated population prevalence of psoriatic arthritis (PSA) from registry and coding data is approximately 0. 2%.[2] Prevalence of psoriatic arthritis in India is 8. 7%[3] The onset is usually between 25 and 40 years of age but juvenile forms exist. Occasionally, the arthritis and psoriasis develop synchronously but the onset of musculoskeletal and skin disease is frequently separated by many years.[4] Onset of psoriasis usually precedes development of joint disease; approximately 15–20% of patients develop arthritis prior to onset of skin disease. Nail changes are seen in 90% of patients with psoriatic arthritis. There are 5 patterns of joint involvement in psoriatic arthritis as shown in (**Table 1. 0**).[5] Recent studies highlight the pivotal role of the gut microbiota—encompassing bacteria, fungi, viruses, and archaea—in the development and progression of Psoriatic Arthritis (PsA). This narrative review integrates current evidence on how gut microbial composition influences PsA, with particular emphasis on mechanisms such as immune regulation, microbial dysbiosis, the gut–skin axis, gut–joint axis, and their implications for therapeutic strategies.

From an *Ayurvedic* perspective, Psoriatic Arthritis (PsA) arises from the vitiation of *V*$\overline{a}$*ta*, *Pitta*, and *Kapha doshas* along with impaired *Agni* (Digestive and

metabolic fire) leading to the accumulation of *Ama* (toxic metabolic by-products). The disruption of gut health observed in PsA is explained in *Ayurveda* as *Krimi***,** *Agnimandya* and $\overline{A}$*ma* formation. Clinically, the condition exhibits features resembling *Kushta* in association with $\overline{A}$*mavata*. Hence, PsA can be regarded as a *Vyadhi-Sankara* (combined pathological entity) involving both *Kushta* and $\overline{A}$*mavata*. The *Ayurvedic* management focuses on managing the *Vaikarika krimis* rekindling *Agni*, eliminating $\overline{A}$*ma*, and pacifying the vitiated *doshas*, while purifying the *Rakta* and *Asthi Dhatus* through *Shodhana* and *Shamana*. Additionally, holistic measure *Rasayana* is emphasized for long-term disease management and prevention of recurrence.

Table 1. 0: Patterns of Joint Involvement In Psoriatic Arthritis.[6]

Asymmetric oligoarthritis:	Often involves distal interphalangeal/proximal inter Phalangeal (DIP/PIP) joints of hands and feet, knees, wrists, ankles; "sausage digits" may be present, reflecting tendon sheath inflammation.
Symmetric polyarthritis (40%):	Resembles rheumatoid arthritis except rheumatoid factor is negative, absence of rheumatoid nodules.
Predominantly DIP joint involvement (15%)	High frequency of association with psoriatic nail changes.
Arthritis mutilans(3–5%):	Aggressive, destructive form of arthritis with severe joint deformities and bony dissolution.
Spondylitis and/or sacroiliitis:	Axial involvement is present in 20–40% of patients with psoriatic arthritis; may occur in absence of peripheral arthritis

AIMS AND OBJECTIVES

To understand the interrelationship between gut health and Psoriatic Arthritis (PsA) through the lens of Ayurvedic principles and its Management.

MATERIALS AND METHODS

A comprehensive review of existing literature was conducted, encompassing an in-depth analysis of *Ayurvedic* journals, online resources, and recent research papers. This thorough study compiled references from both *Ayurvedic* and modern medical texts, as well as prior research on the subject, to provide a robust foundation for further investigation.

ROLE OF GUT HEALTH IN PSORIATIC ARTHRITIS

The human intestine harbors millions of microorganisms, including bacteria, viruses, fungi, and archaea, which together form a stable ecosystem that persists throughout the life. This microbiome helps in digestion, supports our immunity, and effects many functions of the body. The human body exhibits a Gut-skin–joint axis which highlights the close connection between intestinal microbiota and the health of the skin and joints, a concept particularly relevant in spondyloarthropathies like PsA. In dermatology, it has been shown that several inflammatory skin conditions—including psoriasis, rosacea, and atopic dermatitis—are linked to disruptions in both the skin and gut microbiota. A key mechanism involves altered T-cell function, especially the imbalance of regulatory T cells and Th17 cells. Host cell pattern recognition receptors interacting with bacterial antigens also play an important role. Commensal bacteria help to maintain immune balance by regulating effector and regulatory T cells, stimulating IgA production, activating B cells, and generating specific IgA antibodies. These pathways collectively influence adaptive immunity. Gut dysbiosis, in particular, contributes to Th17-driven skin inflammation and alters metabolite production, which impacts antimicrobial signaling and immune cell activity through the IL-23/IL-17 axis, along with IL-22 and interferon-gamma responses.[7] The same immune pathways and inflammatory mediators also affect joints, leading to conditions such as spondyloarthritis and psoriatic arthritis.

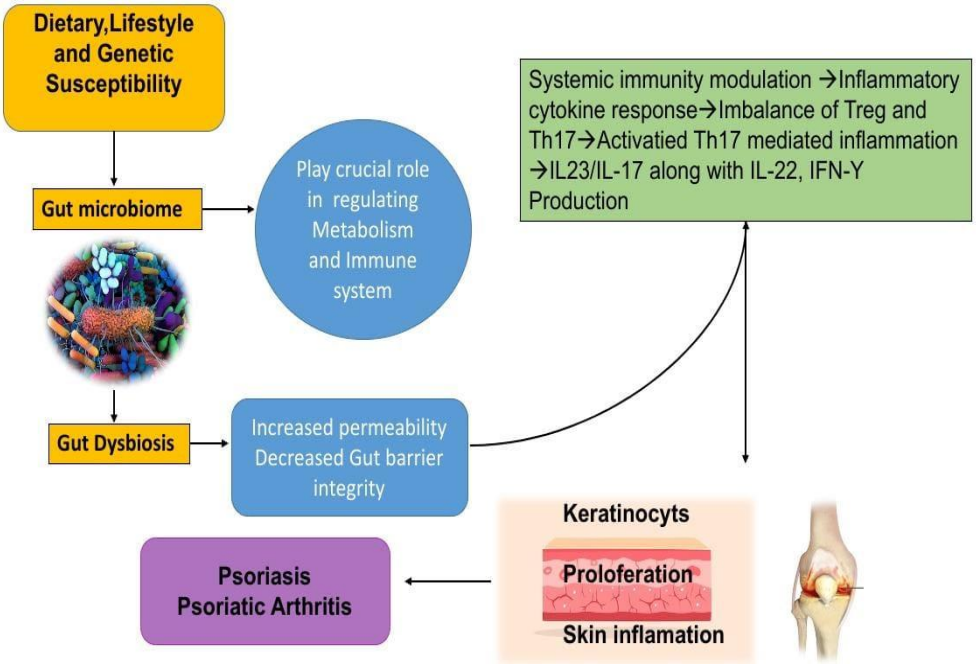


Figure. 1- Showing Role of Gut Dysbiosis in the Manifestation of Psoriatic Arthritis.

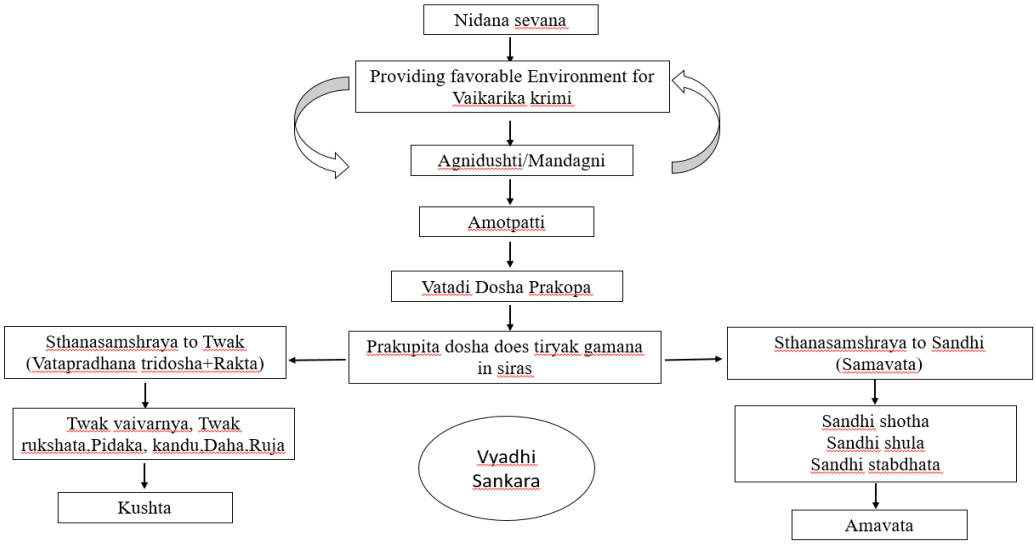
AYURVEDA PERSPECTIVE OF PSORIATIC ARTHRITIS

रोगाः सर्वेऽपि मन्देऽग्नौ . . . . . l A. H. Ni. 12/1

Acharya Vagbhata considers *Mandagni* as the root cause for all types of disorders.[8]

Ācharya Charaka has broadly classified *Krimi* into two categories — *Sahaja Krimi* and *Vaikarika Krimi*.[9] The *Sahaja Krimi* may be conceptually correlated with the natural gut microbiota that coexist symbiotically within the human body, contributing to physiological balance and health maintenance. In contrast, *Vaikarika Krimi* can be compared to pathogenic or dysbiotic microorganisms that disrupt this harmony, leading to disease manifestation. *Ācharya Chakrapani*, in his commentary, mentions "*śarīra-sahajāstvavaikārikāḥ krimayaḥ*," indicating that the *śarīra-sahaja krimis* are *avaikārika*— i. e non-pathogenic and essential for sustaining normal bodily functions.[10] When *Vaikarika Krimi* predominate, they impair *Agni* (digestive and metabolic fire), leading to the formation of *Āma* (toxic metabolic by-products) same way impaired agni and presence of *Āma* can create a favourable environment for *Vaikarika Krimi* leading to the vitiation of *Vata*-predominant *Tridosha* along with *Rakta Dhatu*. This cascade of pathological events may ultimately contribute to the manifestation of diseases such as Psoriatic Arthritis.

The probable samprapti of Psoriatic Arthritis in Ayurveda is mentioned in Fig-2.



AYURVEDA MANAGEMENT IN PSORIATIC ARTHRITIS

Mandagni (impaired digestive fire) is considered the root cause of Psoriatic Arthritis, leading to the formation and systemic spread of *Ama*. Therefore, the primary therapeutic objective is the complete digestion and elimination of *Ama*, thereby restoring normal digestive and metabolic functions. The treatment protocol described by Acharya *Chakradatta* for the management of *Amavata*—which primarily focuses on restoring gut health—can be effectively applied in the management of Psoriatic Arthritis. The therapeutic sequence includes.[11]

1. *Langhana*- Langhana therapy indirectly promotes a healthy gut microbiota by reducing the accumulation of undigested food residues that support pathogenic microbial growth. It facilitates the digestion and elimination of *Āma*, thereby alleviating systemic inflammation that manifests in both the skin and joints.

2. *Deepana* and *Pachana- Dīpana* therapy enhances metabolic efficiency and potentiates the effectiveness of other therapeutic interventions, while *Pācana* facilitates *Āma Pācana* (detoxification) and reduces *Śotha* (inflammation) through its intrinsic anti-inflammatory action. It also promotes *Vātānulomana* (regulation of *Vāta*) and supports *Srotoshodhana* (cleansing of body channels). Herbs such as *Trikatu* (Zingiber officinale, Piper longum, Piper nigrum), *Chitraka* (Plumbago zeylanica), *Ajamodā* (Apium graveolens), and *Hiṅgu* (Ferula asafoetida) possess *Dīpana, Pācana*, and *Vāta–Kapha Śāmaka* properties. These agents aid in the digestion and elimination of *Āma*, create an unfavorable environment for *Vaikārika Krimi* (pathogenic gut microbes), and alleviate arthritic pain by restoring *Vāta* balance.

3. *Snehapana-Snehapāna* with appropriate *Sneha* dravyas (*ghṛta, taila*, etc.) provides unctuousness and lubrication to the gastrointestinal tract, protecting the gut mucosal lining from inflammatory damage. Psoriatic arthritis shows predominance of *Vata* (joint involvement) and *Pitta* (inflammatory skin lesions). *Snehapāna*, especially with *Tikta ghṛta* or *Mahātikta ghṛta***,** pacifies both *Vata* and *Pitta* simultaneously. This helps reduce inflammation, joint stiffness, and skin scaling—while also soothing the irritated intestinal mucosa.

4. *Virechana- Virechana* is a *Shodhana Karma* primarily indicated for *Pitta* and *Ama* disorders. It acts at the level of *Annavaha Srotas* (gastrointestinal tract) and *Rasavaha–Raktavaha Srotas* (circulatory and metabolic pathways), By purifying the gastrointestinal tract, enhancing digestive fire, and balancing the gut microbiome, *Virechana* helps in reducing systemic inflammation, improving joint mobility, and promoting healthy skin. Thus, it serves as both a detoxifying and immunomodulatory therapy that aligns ancient *Ayurvedic* principles with modern gut–immune–skin axis understanding.

5. *Bastikarma- Basti* therapy, regarded as *Ardha Chikitsa*[12] (half of the entire treatment modality) in Ayurveda, plays a crucial role in regulating *Vāta* dosha, the primary controller of movement, metabolism, and elimination. It acts directly on the colon—the primary site of gut microbiota—thereby influencing microbial balance, energy regulation, and metabolic homeostasis. In the management of this condition, both *Anuvasana Basti* (unctuous enema) and *Niruha Basti* (decoction enema) are indicated. Specific *Niruha Bastis* such as Kṣāra *Basti, Vaitaraṇa Basti, Lekhana Basti*, and *Cūrṇa Basti* that promote *Dīpana, Pācana, Śoṣaṇa*, and *Lekhana*. These actions help counteract gut dysbiosis, impaired *Agni*, and *Āma*. Moreover, by virtue of their *Prabhāva* (specific pharmacodynamic effect), these bastis pacify aggravated *Vāta*, thereby alleviating pain and inflammation associated with the disease.

Additionally, *Rasāyana* therapy, one of the eight major branches of *Ayurveda*, aims to restore and rejuvenate the body's tissues *(Dhātu*), enhance *Ojas* (vital essence), and maintain the balance of *Agni* and Doshas. In Psoriatic Arthritis, which involves immune dysregulation, chronic inflammation, and altered gut microbiota, *Rasāyana* plays a pivotal role in correcting *Agni*, strengthening the gut barrier, and restoring microbial homeostasis. Modern research supports the view that several Rasāyana dravyas exhibit immunomodulatory, antioxidant, and anti-inflammatory properties, which contribute to the regulation of gut–immune axis function.

DISCUSSION

In *Ayurveda*, the concept of the gut can be correlated with *koṣṭha*, which encompasses the *Annavaha, Udakavaha*, and *Pūriṣavaha srotas*. Classical texts also describe *Krimi* (microorganisms or parasites) as of two types—*Sahaja* (innate) and *Vaikārika* (acquired). *Ācārya Charaka* mentions twenty varieties of *Vaikārika Krimi*, of which seven are Kaphaja *Krimi* residing in the *Āmāśaya* and five are *Pūriṣaja Krimi* residing in the *Pakvāśaya*. This indicates the involvement of *Annavaha* and *Pūriṣavaha srotas* in such pathological states. Although the classical descriptions of *Krimi* primarily refer to helminthic worms, the inclusion of both *Dṛṣṭa* (visible) and *Adṛṣṭa* (invisible) Krimi suggests that our ancient scholars recognized the existence of microscopic organisms as well. Hence, the concept of *Krimi* in Ayurveda can be scientifically interpreted as encompassing the modern understanding of gut microbiota.

In the Ayurvedic management of psoriatic arthritis, the primary line of treatment often follows the protocol of *Āmavāta*, while the Kushta aspect of the disease tends to be overlooked. Upon examining Kushta, it can be understood as a *Santarpanajanya Vyadhi*, where Agni dysfunction and *Āma* formation play a significant role in its pathogenesis. Therefore, addressing the root cause through *Langhana*, *Dīpana*, and *Pācana* therapies becomes essential. Additionally, *Virechana Karma* proves beneficial as it helps to pacify vitiated *Pitta* and *Rakta Dhatu*, while also promoting *Vātānulomana*, which is crucial in the pathogenesis of *Kushta*.

Interestingly, *Ācārya Charaka*, while listing *Basti Chikitsā* contraindications, mentioned *Kushta* as one among them. However, in the context of *Kushta Chikitsā*, he has also indicated the use of *Āsthāpana* and *Anuvāsana Basti* when clinically required highlighting a comprehensive approach to individualized management.[13]

CONCLUSION

Scientific evidence increasingly supports the concept of a gut–skin–joint axis, emphasizing the central role of gut dysbiosis and immune dysregulation in the pathogenesis of Psoriatic Arthritis (PsA). Ayurveda, through the principles of *Agni*, *Āma*, and *Dosha* balance, provides a holistic and mechanistic understanding of this relationship. The parallels between *Vaikarika Krimi* and pathogenic gut microbiota, and between *Ama* and inflammatory metabolites, reveal a striking convergence between classical *Ayurvedic* theory and modern microbiome science. *Ayurvedic* interventions—particularly *Langhana*, *Deepana-Pachana*, *Virechana*, and *Basti*—act through gut modulation, detoxification, and immune restoration, aligning closely with current biomedical approaches targeting microbial and metabolic homeostasis. Integrating *Ayurvedic* principles with contemporary research on gut microbiota offers a promising, root-cause–oriented, and sustainable therapeutic paradigm for Psoriatic Arthritis**.**

REFERENCES

1. Kasper DL, et. al Harrison's Principles of Internal Medicine, 21st Edition, volume 1. New York: McGraw Hill Education, 2022; Pn897.
2. Ralston SH, Penman LD, Strachan MWJ et. al (Eds). Davidson's Principles and Practice of Medicine. 23rd Edition. London: Elsevier Health Sciences, 2018; Pn1032.
3. Prasad PV, Bikku B, Kaviarasan PK, Senthilnathan A. A clinical study of psoriatic arthropathy. Indian J Dermatol Venereol Leprol, 2007; 73: 166-70.
4. Ralston SH, Penman LD, Strachan MWJ et. al (Eds). Davidson's Principles and Practice of medicine. 24th Edition London: Elsevier Health Sciences, 2023; Pn1103.
5. Kasper DL, et. al Harrison's Principles of Internal Medicine, 21st Edition, volume 1. New York: McGraw Hill Education, 2022; Pn897.
6. Kasper DL, et. al Harrison's Principles of Internal Medicine, 21st Edition, volume 1. New York: McGraw Hill Education, 2022; Pn898.
7. Alexandru Cristina.; Catalina Lorgus Carmen.; Melesteu Lonut.; Daniela Serban Elena Et. al. The Role of Gut Microbiome in Psoriatic Arthritis-A Literature Review Physiologia, 2023; 3(2): 208-220. [Cross Reference]
8. Arunadutta, Sarvanga Sundari, Commentary on Ashtanga Hridaya with commentaries of Ayurveda Rasayana of Hemadri; Published by Choukamba Surabharati Prakashan; Edition Reprint 2010; Nidana Sthana 12/1.
9. Charaka Samhita, revised by Charaka and Dridhabala with the Ayurved-Dipika Commentary of Chakrapani Datta. In: Acharya JT, editor. Vimanasthana, 7/9. New Delhi: Chaukhamba Publications, 2018.
10. Charaka Samhita, revised by Charaka and Dridhabala with the Ayurved-Dipika Commentary of Chakrapani Datta. In: Acharya JT, editor. Vimanasthana, 7/9 Chakrapani Commentry. New Delhi: Chaukhamba Publications; 2018
11. Sharma PV, English translation on Chakradatta. 1st Edition, Amavatadhikara Chapter 25, Verse 1-2; Varanasi; Chaukhamba Orientalia, 1994.
12. Charaka Samhita, revised by Charaka and Dridhabala with the Ayurved-Dipika Commentary of Chakrapani Datta. In: Acharya JT, editor. Sidhisthana 1/40. New Delhi: Chaukhamba Publications, 2018.
13. Charaka Samhita, revised by Charaka and Dridhabala with the Ayurved-Dipika Commentary of Chakrapani Datta. In: Acharya JT, editor. Chikitsasthana 7/47-48. New Delhi: Chaukhamba Publications, 2018.