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Evaluating the Therapeutic Benefit of Naturopathy Plus Allopathy in Psoriasis, Lichen Planus, and Endogenous Dermatitis

Parijat Barnwal[1]*, Sundiep Kumar[2], Jaishree Noor[3]

[1]Consultant Dermatologist, Sri Bhagwat Polyclinic, Bramhsthan, Azamgarh, Uttar Pradesh, India
[2]Professor, Department of Dermatology and Venereology, Al-Falah School of Medical Science and Research Centre, Faridabad, Haryana, India
[3]Associate Professor, Department of Dermatology and Venereology, Al-Falah School of Medical Science and Research Centre, Faridabad, Haryana, India

***Address for Correspondence:** Dr. Parijat Barnwal, Consultant Dermatologist, Sri Bhagwat Polyclinic, Bramhsthan, Azamgarh, Uttar Pradesh, India
E-mail: drpariazam@rediffmail.com

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ABSTRACT

Background: Chronic inflammatory dermatoses, including psoriasis, lichen planus, and endogenous eczema, are associated with substantial physical discomfort and psychological burden. While allopathic therapies offer symptomatic relief, long-term control and recurrence prevention remain challenging. Integrating naturopathic modalities with conventional treatment may enhance therapeutic outcomes by targeting inflammation, oxidative stress, and stress-induced exacerbations.

Methods: A prospective, interventional study was conducted involving 60 patients diagnosed with psoriasis, lichen planus, or endogenous eczema. Participants were randomized into two groups: Group A (n=30) received a combination of allopathic treatment and structured naturopathy (diet, hydrotherapy, yoga, herbal topical agents), while Group B (n=30) received standard allopathic care alone. Patients were evaluated at baseline and followed for 12 weeks. Outcome measures included PASI for psoriasis, Total Clinical Score (TCS) for lichen planus/eczema, Visual Analog Scale (VAS) for pruritus, and Dermatology Life Quality Index (DLQI).

Results: At 12 weeks, Group A demonstrated significantly greater reductions in PASI (from 9.8 to 3.2), TCS (from 12.6 to 4.5), VAS for pruritus (from 7.2 to 2.1), and DLQI (from 11.5 to 3.4) compared to Group B ($p<0.05$ for all comparisons). Adverse events were mild and transient, and treatment compliance exceeded 85% in both groups.

Conclusion: A combined naturopathic and allopathic approach offers superior clinical and quality-of-life outcomes in the management of chronic dermatoses such as psoriasis, lichen planus, and endogenous eczema. The holistic model demonstrates good tolerability and high patient adherence, supporting its integration into dermatologic practice.

Key-words: Psoriasis, Lichen Planus, Endogenous Eczema, Naturopathy, Holistic Medicine

INTRODUCTION

Chronic inflammatory dermatoses such as psoriasis, lichen planus, and endogenous eczema are associated with significant psychosocial burden and impair quality of life [1].

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Standard allopathic treatments—including topical corticosteroids, systemic immunomodulators, and phototherapy—provide symptomatic relief yet frequently yield suboptimal long-term control, relapse, or treatment-limiting side effects [2,3]. These limitations have led to increasing interest in integrative or holistic treatment strategies that combine conventional medicine with time-tested naturopathic approaches.

Naturopathic medicine emphasises natural healing modalities, including dietary interventions, hydrotherapy, herbal remedies, and mind-body therapies, aimed at reducing inflammation, improving systemic resilience, and promoting skin homeostasis [4]. A

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case report on palmar psoriasis demonstrated that a structured naturopathy protocol, including hydrotherapy, mud therapy, yoga, and acupuncture, significantly lowered PASI scores over 24 days, suggesting the potential clinical utility of such interventions [5]. Similarly, naturopathic dietary and yoga treatment over 16 weeks in a patient with chronic psoriasis led to sustained improvement in PASI and quality of life measures [6].

Integrative medicine in dermatology aims to leverage the synergy between allopathic and naturopathic modalities. Surveys indicate that, in conditions such as atopic dermatitis, both allopathic and naturopathic practitioners endorse common skin-care practices, while acknowledging the naturopathic emphasis on diet and lifestyle, offering opportunities for harmonised care [7]. Randomized trials of traditional herbal treatments, such as indigo naturalis and curcumin, have shown benefits in psoriasis, supporting the rationale for adjunctive naturopathic therapies [8].

In India, integrative approaches have been examined in dermatological disorders. A comparative study of Ayurvedic Panchakarma therapy versus methotrexate therapy in psoriasis revealed similar efficacy but better tolerability in the integrative group [9]. A systematic review of traditional Indian herbal medicines, including Ayurveda, Unani, and Siddha, showed improvement in PASI or quality-of-life indices; however, evidence strength was limited by heterogeneity and small sample sizes [10].

However, most integrative dermatology studies focus on mono-pathology. There is a paucity of well-designed trials combining allopathy and naturopathy in diverse chronic dermatoses such as psoriasis, lichen planus, and endogenous eczema.

The present study evaluates a holistic treatment model combining standardized allopathic therapy with a structured naturopathy protocol—comprising dietary modification, hydrotherapy, yoga, and herbal applications—in patients with psoriasis, lichen planus, or endogenous eczema. The study assesses clinical outcomes using validated tools (PASI, TCS, VAS, DLQI) over 12 weeks, hypothesising that the integrative approach will yield superior symptom reduction and an enhanced quality of life compared to allopathic treatment alone.

MATERIALS AND METHODS

Study Design and Setting- This was a prospective interventional study conducted at a multidisciplinary integrative health center affiliated with a tertiary care hospital. All participants provided written informed consent before enrollment.

Study Population- A total of 60 patients diagnosed with chronic dermatological conditions—namely psoriasis, lichen planus, or endogenous eczema—were included. Inclusion criteria were patients aged 18–65 years with a clinically and histologically confirmed diagnosis and a disease duration of at least six months. Exclusion criteria included pregnancy, lactation, active skin infection, immunosuppressive states, or recent use of systemic corticosteroids or immunomodulators in the last four weeks.

Intervention Protocol- Patients were randomly assigned to two groups of 30 each-

- Group A (Holistic Group): Received integrated therapy comprising conventional allopathic treatment and structured naturopathic care.
- Group B (Conventional Group): Received standard allopathic therapy alone.

Allopathic treatment for both groups included emollients, topical corticosteroids, oral antihistamines, and systemic anti-inflammatory agents based on disease severity and standard dermatology guidelines.

Naturopathic interventions (Group A only) included-

- Dietary modifications: Anti-inflammatory plant-based diet with restricted processed foods and allergens.
- Hydrotherapy: Wet packs, neutral immersion baths, and local compresses.
- Yoga and Meditation: Daily guided sessions (45 minutes/day) focusing on stress modulation.
- Herbal applications: Use of turmeric-based and aloe vera-based topical preparations approved by AYUSH.
- Detoxification therapies: Enema and abdominal mud packs administered weekly.

All patients were followed up at baseline, 4 weeks, 8 weeks, and 12 weeks.

Outcome Measures- Primary outcomes were change in disease severity, assessed using-

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- Psoriasis Area and Severity Index (PASI) for psoriasis
- Modified Total Clinical Score (TCS) for eczema and lichen planus
- Visual Analog Scale (VAS) for pruritus
- Dermatology Life Quality Index (DLQI) for quality-of-life assessment

Secondary outcomes included physician global assessment and recurrence rate during follow-up.

Safety Monitoring and Compliance- All patients were monitored for adverse effects throughout the study. Compliance with naturopathy was evaluated through a self-reported diary and weekly supervised sessions.

Statistical Analysis- Data were entered into Microsoft Excel and analysed using SPSS version 26.0. Paired t-test was used for within-group comparisons, and an independent t-test for between-group comparisons. A $p<0.05$ was considered statistically significant.

RESULTS

The study included 60 participants, equally distributed between the two treatment arms—Group A (Holistic therapy) and Group B (Allopathy alone). Both groups were comparable in terms of baseline characteristics, with no statistically significant differences in mean age, gender distribution, or disease duration (Table 1), indicating that the groups were well-matched for comparative analysis.

Table 1: Baseline Characteristics of Study Participants

Variable	Group A (Holistic)	Group B (Allopathy)
Number of Patients	30	30
Mean Age (years)	39.2±10.4	38.7±11.1
Male/Female	18/12	17/13
Mean Disease Duration (months)	22.6±6.3	23.1±5.9

Assessment of clinical efficacy at 12 weeks revealed a significant improvement in disease severity scores across both groups, with Group A demonstrating a greater magnitude of benefit. A marked reduction in Psoriasis Area and Severity Index (PASI) scores was observed in the holistic group compared to the allopathy group, indicating superior control of psoriatic lesions in patients receiving integrated therapy (Table 2). Similarly, for patients with lichen planus or endogenous eczema, the Total Clinical Score (TCS) declined more substantially in Group A, reflecting better resolution of inflammation and scaling.

Symptomatic relief, as measured by the Visual Analog Scale (VAS) for pruritus, also favored the holistic approach. A statistically significant reduction in itch severity was noted in Group A compared to Group B, supporting the anti-inflammatory and neuro-modulatory impact of naturopathic adjuncts. Furthermore, the Dermatology Life Quality Index (DLQI), which evaluates the psychosocial and functional burden of skin disease, demonstrated a greater improvement in quality of life in the holistic group, reinforcing the multidimensional benefit of integrative treatment modalities.

Table 2: Change in Disease Severity Scores from Baseline to 12 Weeks

Outcome Measure	Group A (Holistic)	Group B (Allopathy)	p-value
PASI Score (Psoriasis)	9.8 → 3.2	10.1 → 5.9	<0.01
TCS Score (Eczema/LP)	12.6 → 4.5	13.0 → 7.3	<0.05
VAS for Pruritus	7.2 → 2.1	7.4 → 3.6	<0.01
DLQI	11.5 → 3.4	11.2 → 6.8	<0.01

Regarding safety and adherence, the incidence of minor adverse effects was low and comparable across both groups, with no moderate or severe events reported in the holistic group (Table 3). Treatment compliance exceeded 80% in the majority of patients in both arms, suggesting good acceptability of the respective regimens.

Table 3: Adverse Events and Treatment Compliance

Parameters	Group A (Holistic)	Group B (Allopathy)
Minor Adverse Effects	3 (10%)	5 (16.7%)
Moderate/Severe Effects	0	1 (3.3%)
Compliance >80%	27 (90%)	26 (86.7%)

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DISCUSSION

This study reveals that a holistic approach combining naturopathy with allopathy significantly improves clinical outcomes in chronic inflammatory dermatoses compared to allopathic care alone. Patients receiving integrated therapy exhibited markedly greater reductions in severity scores across psoriasis (PASI), lichen planus/endogenous eczema (TCS), and pruritus (VAS), alongside enhanced quality of life (DLQI), with all comparisons yielding statistical significance ($p < 0.05$).

These findings echo prior case reports demonstrating the effectiveness of naturopathic modalities—such as diet, yoga, and hydrotherapy—in managing psoriasis. For example, a 16-week naturopathy–yoga intervention in adolescents achieved sustained improvement in PASI, mirroring our 12-week integrated model [6]. Similarly, the combination of naturopathy and yoga showed reductions in eczema severity and DLQI scores, reinforcing the relevance of mind–body strategies in dermatological care [11].

Hydrotherapy, a core component of the holistic protocol, has been explored as an adjunctive treatment in inflammatory skin diseases. A study of Avène thermal water in patients with psoriasis revealed rapid and sustained itch relief, supporting its inclusion in integrated regimens [12]. Systematic reviews of balneotherapy also indicate reductions in disease severity indices in both psoriasis and atopic dermatitis, likely due to its anti-inflammatory and immunomodulatory effects [13,14].

Diet and exercise interventions have been clinically validated to reduce the severity of psoriasis. A randomized trial in overweight patients showed a 48% reduction in PASI following a 20-week weight-loss program, surpassing improvements seen with conventional care alone [2]. The anti-inflammatory dietary modifications in our study likely contributed to similar benefits.

The integrated strategy also addresses oxidative stress, a common pathology shared by psoriasis, eczema, and lichen planus. Antioxidant therapies—including herbal supplements—have been suggested to augment conventional treatment outcomes, particularly when combined with standard medical care [15]. Our inclusion of herbal applications and dietary antioxidants aligns with this evidence.

Safety and adherence were favourable, with only mild adverse events reported, and high compliance was observed in both groups. This is consistent with the low incidence of side effects observed in complementary dermatologic modalities.

LIMITATIONS

Limitations include a lack of blinding, a modest sample size, and the absence of biomarker data (e.g., cytokine or oxidative stress markers). Future research should involve multicenter randomized trials with objective immunologic assessments to elucidate mechanisms and validate efficacy.

CONCLUSIONS

The combination of naturopathy and allopathy offers a superior therapeutic effect in chronic inflammatory dermatoses compared to allopathic care alone. By targeting both inflammatory and psychosocial dimensions, this holistic model offers a comprehensive, patient-centred approach. These outcomes support further exploration of integrative dermatology protocols, especially in conditions marked by immune dysfunction and chronicity.

CONTRIBUTION OF AUTHORS

Research concept- Parijat Barnwal
Research design- Parijat Barnwal, Sundiep Kumar
Supervision- Sundiep Kumar, Jaishree Noor
Materials- Parijat Barnwal
Data collection- Parijat Barnwal
Data analysis and interpretation- Parijat Barnwal, Jaishree Noor
Literature search- Parijat Barnwal
Writing article- Parijat Barnwal
Critical review- Sundiep Kumar, Jaishree Noor
Article editing- Parijat Barnwal, Sundiep Kumar
Final approval- Parijat Barnwal, Sundiep Kumar, Jaishree Noor

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