Clinical Evidence for the Use of Turmeric in Psoriasis Management: A Scoping Review

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BACKGROUND:

- Turmeric (*Curcuma longa*) is a widely used botanical with deep cultural and medicinal roots, particularly in South-Asian households.
- It is traditionally used for its healing properties such as wound care, skin burns, hair loss, eczema and acne vulgaris.
- Turmeric's active component, curcumin, has demonstrated anti-inflammatory, antimicrobial, and antioxidant effects.
- Given its broad therapeutic potential, researchers have conducted recent studies that explore turmeric's role in managing chronic inflammatory skin conditions.
- This study reviews current clinical evidence for turmeric-based therapies for psoriasis.

METHODS:

- A focused review was conducted on PubMed using the search string "(turmeric OR curcumin) AND psoriasis AND (treatment OR therapy OR management)."
- 154 articles were identified, out of which six studies met the inclusion criteria.
- The included studies varied in design and intervention, evaluating turmeric either as a standalone therapy or as an adjunct to light therapy or corticosteroids.
- Outcome was measured using the PASI score changes, DLQI, and inflammatory cytokine levels.

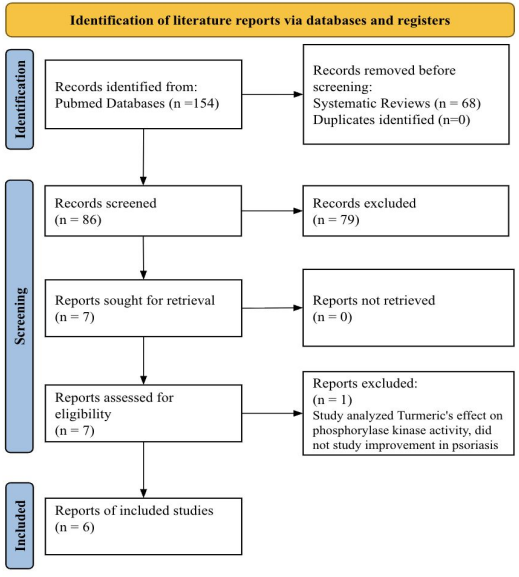

Figure 1. PRISMA chart illustrating data extraction and review process

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RESULTS:

Author's Name and Year of Publication	Study Type	Number (n) of Samples	Results
Bahraini et al. (2018)	Randomized placebo-controlled trial	40 patients (mild–moderate scalp psoriasis)	Turmeric tonic 2x/day for 9 weeks significantly reduced PASI (erythema, scaling, induration) and improved QoL ($p<0.05$).
Antiga et al. (2015)	Randomized controlled trial	63 patients (mild–moderate psoriasis)	Steroids + Meriva (2g/day) showed significant PASI reduction and IL-22 decrease. Greater improvement vs steroids alone.
Kurd et al. (2008)	Prospective clinical trial (uncontrolled)	Phase 2 trial (plaque psoriasis, sample size small)	4.5g/day curcumin: 16.7% achieved PASI-75. Small sample, no control group.
Bilia et al. (2018)	Randomized controlled trial	Psoriasis patients (2 groups: acitretin vs acitretin + curcumin)	The combination group had significantly higher PASI reduction ($p<0.0001$). Cholesterol stable in the curcumin group.
Carrion-Gutierrez et al. (2015)	Randomized comparative trial	21 patients with plaque psoriasis	Curcuma extract + visible light (VLRT) → 81% response, no moderate/severe plaques post-treatment vs 30% response in simulated light (VLST). $p=0.01$.
Ramírez-Boscá et al. (2017)	Phase IV randomized open pilot trial	24 patients (13 curcuma + PUVA vs 11 PUVA only)	≥75% PASI reduction: 85% (curcuma) vs 91% (PUVA). Curcuma safer but slower response. PUVA caused more GI distress.

CONCLUSION AND FUTURE DIRECTIONS:

- Turmeric may have clinical benefits in patients with scalp and plaque psoriasis across varying severities.
- Side effects of Turmeric are minimal, and participants reported improvements in quality of life.
- More clinical trials are needed to strengthen the validity of these findings