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EXPLORING AYURVEDIC MANAGEMENT STRATEGIES FOR SIDMAKUSHTA W.S.R TO PLAQUE PSORIASIS- A CASE REPORT

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ABSTRACT

The human body's largest organ is the skin. Any alteration to the typical skin texture causes psychological and physical distress for the patient. A chronic inflammatory skin illness that is not contagious, psoriasis is typified by well-defined erythematous plaques with dry, silvery scales. Spontaneous remissions and flare-ups interrupt the disease's progression. Psoriasis is a chronic disorder that can be disfiguring and significantly lowers one's quality of life. The condition's aetiology and treatment appear to be understudied, despite the fact that it was first identified several decades ago. The body's immune reaction to uncertain stimuli causes the diseased skin cells to proliferate more quickly in an inflammatory manner. *Dooshi visha* or low potency poison, is what these unclear factors are thought to be, these uncertain factors is seen as a *dooshi visha*, or low-potent poison, which inhibits

action when susceptibility elements are present. All skin conditions are categorised under the *Kushta* branch of *Ayurveda*. A 45-year-old male patient with plaque psoriasis who appeared with erythematous plaques throughout his body, scalp, and upper limbs along with mild irritation, burning, and itching is the subject of our article regarding Ayurvedic treatment. Positive signs were the Koebner phenomenon and the Auspitz sign. The severity of psoriatic lesions and the patient's reaction to treatment are evaluated using the PASI score. Prior to the treatment, the patient's PASI score was 15.7; at the conclusion of the treatment, it was 0. It is identified as *Vatha Kapha* predominate *Sidhma kushta* in *Ayurveda*. The treatment protocol was adopted are *shodana* and *shamana* along with *Agadatantra* principles. With the patient's permission, photographic records were made during subsequent treatments and routine follow-ups. In this case *Ayurveda* treatment led to speedy and substantial recovery.

Keywords: Psoriasis, *Sidhma Kushta*, PASI Score, *Shodana*, *Shamana*, *Vishagna*

INTRODUCTION

Psoriasis is an autoimmune condition which mainly affects skin and joints. The Greek words "Psora" (which means "itch") and "sis" (which means "acting condition") are the source of the English word "psoriasis." Its age of onset is bimodal (16 to 22 and 57 to 60 years) [1]. It has an equal impact on both sexes [2]. In India, the prevalence ranges from 0.44 to 2.8%. Psoriasis affects men two times more frequently than it does women [3]. A psoriatic patient has an overactive immune system. This causes inflammation and an overabundance of skin cell development, which is what causes the symptoms. Skin cells normally regenerate in 21–28 days, however in psoriasis patients, it takes only 2–6 days. As a result, new skin cells proliferate too quickly. which are forced to the surface of the skin, where they pile up. Plaque formation is the outcome of this condition [4]. Pathogenesis, according to

current theory, is complex and involves both genetic connections and dysregulated inflammation [5]. Plaque psoriasis (Psoriasis vulgaris), inverse psoriasis, guttate psoriasis, pustular psoriasis, and erythrodermic psoriasis are among the various clinical kinds of psoriasis [6]. Chronic plaque psoriasis is the most frequent variety, accounting for 80% to 90% of psoriasis cases. Well-defined, symmetric, erythematous plaques with an overlying silvery scale over numerous body areas including the scalp, face, trunk, limbs, palms, and soles affected by psoriasis are the characteristic feature of classic plaque psoriasis. Lesions that are actively growing may itch or hurt. In addition, psoriasis may manifest as an isomorphic response, in which newly formed lesions appear on previously healthy skin that has experienced stress or damage (Koebner's phenomenon). Psoriasis's chronic nature, recurrent pattern,

and visibility have a significant negative influence on a patient's social and psychological well-being. Their social connections and day-to-day employment are impacted by their psychosocial handicap.

All skin conditions are categorised under the *Kushta* branch of *Ayurveda*. There are various forms of psoriasis, and some of them are linked to illnesses that are mentioned in the *Samhitas*. Features of the *Sidhma* type of *kushta* include a rough, reddish-colored surface. They resemble the *alabu* flower (*Lagenaria siceraria*). *Acharya Charaka* states that the symptoms in this case are branny desquamation of the white and copper colours [7]. Two additional symptoms that *Acharya Vagbhata* mentions are dry patches that are moist inside and that, when scratched, produce tiny scales [8], which is nothing but the "candle grease sign," and are typically found on the upper body. The purpose of this case study is to support the efficacy of Ayurvedic medicine in treating plaque psoriasis. Assessments of PASI scores were obtained both before and after treatment to be evaluated. However, a multimodal treatment protocol including *shamana* and *shodana* as well as *Agadatantra* principles was adopted due to the complex pathophysiology and chronic and relapsing nature of psoriasis.

PATIENT INFORMATION

A 45-year-old male had been diagnosed as psoriasis and was treated by a consulting

dermatologist wherefrom the patient was taking allopathic treatment with regular follow-ups. Topical and systemic immunosuppressive therapy was resulted in symptomatic relief during the last treatment. Personal history revealed that the patient's general health was good. All the blood tests (routine tests) were within a normal range. Patient was a known diabetic since 8 years was found associated. However, due to a recurring pattern caused by the unknown aggravating factors, the patient approached our hospital for *Ayurveda* management.

CLINICAL FINDINGS

The patient presented with multiple scaly erythematous lesions over bilateral upper limbs, trunk and scalp since associated with mild irritation, burning sensation and itching since 8 years. The patient was suffering from itching and burning all over the body. At the time of the case presentation, the Auspitz sign and Koebner phenomenon found positive. No signs of psoriatic arthritis and nail bed psoriasis were found.

On Inspection

- Site- B/L Upper limbs, trunk, scalp
- Number - multiple
- Color- Silvery red patches,
- Erythema – Present
- Margin – Demarcated
- Discharge- Absent
- Scaling- Present

On Palpation

- On touch- Smooth

- Temperature- raised mildly

GENERAL EXAMINATION

- Built: moderately built
- Nourishment: well nourished
- Body temperature: 97.6 °F
- Pulse: 82/min
- Blood Pressure: 122/86mmHg
- Weight: 85kgs

SYSTEMIC EXAMINATION

In systemic examination, respiratory and cardiovascular system found normal. The patient was restless due to itching and burning sensation over psoriatic lesions.

AYURVEDIC ASSESSMENT

- *Dosha-vatakaphapradhana*
Tridosha
- *Dushya- Rasa, Rakta, Mamsa, Lasika*
- *Srotas- Rasavaha, Raktavaha, Mamsavaha*
- *Sroto dushti – Sanga and Vimarga gamana*
- *Marga – Bahya rogamarga*
- *Vyakta Sthana- Twak*
- *Agni – Mandagni*

- *Aama - Jatharagni and Dhatvagni janya*

- *Vyadhi Swabhava - Chirakari* (chronic)

- *Sadhyasadhyata - Kricchrasadhya* (difficult to treat)

ASHTA VIDHA PAREEKSHA

Nadi (pulse) – *Pittakaphaja*

Mala (stool)– *Sandra-picchila* bowel habit was regular

Mutra (urine) – *Prakrita*

Jivha (tongue)– *Shveta-picchila*
Sama (coated)

Shabda – *Prakrita*

Sparsha (touch)– *Ushna*

Drika (vision) – *Prakrita*

Aakriti – *Madhyam* (medium built).

DIAGNOSTIC ASSESSMENT

Based on the clinical presentation and ayurvedic assessment the case has been diagnosed as *sidma kusta* (psoriasis).

ASSESSMENT CRITERIA

The severity and changes of the condition was assessed with PASI Scale. The assessment was done both before and after treatment.

Table 1: PASI Score before and after treatment

Area	Area score (Before Treatment)	Area score (After Treatment)
Head	1.6	0.0
Upper limbs	8.0	0.0
Trunk	12.0	0.0
Lower limbs	11.2	0.0
PASI Score	32.8	0.0

THERAPEUTIC INTERVENTION

The involvement of *pitta* and *kapha dosha* in association with *vata* ascertained by observing the clinical presentation such as *Daha* (burning sensation), *Kandu* (itching), *Raktavarnata* (redness) and the nature of skin lesions. Vitiated *pitta* and *kapha dosha* found involved in the pathological progress. Hence, the patient was treated based on the management of *Kushta Roga*, that is, *Nidana Parivarjana* (avoid disease aggravating factors), *Deepana-Pachana* (improve digestive fire), *Shodhana chikitsa* (bio-purification), and *Shamana chikitsa* (bio-

pacification) as shown in treatment timeline (Table 2) and therapeutic intervention (Table 3).

TIMELINE

In the present case, all the treatment was continued for two years, patient discontinued medication and indulged in *apathya ahara* and *vihara* for few days hence the condition again flared up on the year 2023. *Shodana chikitsa* was planned *Pathyahara* (A strict dietary plan) continued for the next one year after the end of active treatment to check the recurrence of psoriasis. The detailed treatment line and observation was described in the Table 2.

Table 2: Timeline of follow-ups and observation

Follow up dates	Intervention	Observation
1 st visit on 05.06.2022	<i>Samana chikitsa</i> for 15 days	multiple scaly erythematous lesions over bilateral upper limbs, trunk and scalp since associated with mild irritation, burning sensation and itching.
18.06.2022	<i>Shodana chikitsa</i> was planned	Marked reduction found in lesions. Reduction seen in complaints of itching, scaling and burning sensation
11.07.2022	<i>Samana chikitsa</i> for 15 days	Marked reduction found in lesions. Reduction seen in complaints of itching, scaling and burning sensation
On 08.09.2023	<i>Samana chikitsa</i>	Due to <i>Apathya sevana</i> and discontinuation of medication of a couple of months, the condition flared up again.
09.09.2023 – 18.09.2023	<i>Shodana chikitsa</i>	Erythematous lesions over bilateral upper limbs, trunk and scalp associated with scaling.
09.09.2023 – 13.09.2023	<i>Snehapana</i>	Increased itching over the lesions was noticed and the patient attained <i>Sneha siddhi lakshana</i> at the end of the <i>snehapana</i> .
14.09.2023 – 17.09.2023	<i>Abhyanga</i> and <i>bashpa sweda (Vishrama Kala)</i>	Itching slightly reduced after <i>abhyanga</i> .
17.09.2023 – 18.09.2023	<i>Virechana</i>	After <i>Virechana</i> , all the previous complaints were marked reduced.
On 19.09.2023 – 21.09.2023	<i>Samsarjana Karma</i>	Patient was comfortable after <i>Virechana karma</i> and the <i>agni bala</i> of the patient was markedly increased.
On 05.01.2024	<i>Samana chikitsa</i>	All the complaints was reduced. Mild discolouration were present
On 20.02.2024	<i>Samana chikitsa</i>	All the lesions disappeared. No new lesions arised till date.

Table 3: Timeline of Therapeutic Intervention

S. No.	Date	Therapeutic Intervention
1.	05.06.2022	<i>Patolakaturohinyadhi Kashaya</i> – 20ml B.D on Empty stomach <i>Nimbadi Kashaya</i> – 15ml T.I.D after food <i>Dooshivishari gutika</i> – 1 T.I.D after food with honey <i>Nalpamaradhi Taila</i> – External Application
2.	18.06.2022	<i>Chitrakadi vati</i> – 1 T.I.D after food
3.	19.06.2022 – 23.06.2022	<i>Snehapana</i> with <i>tikta ghrta</i> has been administered in an increased dose of 30ml , 60ml, 90ml, 110ml and 130ml respectively
4.	24.06.2022 – 27.06.2022	<i>Abhyanga</i> with <i>Manjistadi Taila</i> followed by <i>Baspa Sweda</i>
5.	27.06.2022	<i>Virechana</i> with 20 gms of <i>Trivrut lehya</i> with 200ml of <i>Draksha jala</i>
6.	11.07.2022	<i>Tiktaka ghritha</i> - 1tsp B.D on empty stomach <i>Aragwadhadhi Kashaya</i> - 15ml B.D after food <i>Dooshivishari gutika</i> - 1 B.D after food with honey <i>Shirisharista</i> -15ml after food (after 15 days) <i>Psoria oil</i> - External Application
7.	08.09.2023	<i>Chitrakadi vati</i> – 1 T.I.D after food
8.	09.09.2023 – 13.09.2023	<i>Snehapana</i> with <i>tikta ghrta</i> has been administered in an increased dose of 30ml , 60ml, 90ml, 110ml and 130ml respectively
9.	14.09.2023 – 17.09.2023	<i>Abhyanga</i> with <i>Manjistadi Taila</i> followed by <i>Baspa Sweda</i>
10.	17.09.2023	<i>Virechana</i> with 20 gms of <i>Trivrut lehya</i> with 200ml of <i>Draksha jala</i>
11.	18.09.2023	<i>Virechana</i> with 15 gms of <i>Trivrut lehya</i> with 200ml of <i>Draksha jala</i>
12.	18.09.2023	<i>Patolakaturohinyadi Kashayam</i> – 15ml BD on Empty stomach <i>Nimbadi Kashayam</i> – 15ml BD After food <i>Dooshivishari gutika</i> – 2 BD After food <i>Nalpamaradhi taila</i> – externally application
13.	05.01.2024	<i>Patolakaturohinyadi Kashayam</i> – 15ml BD on Empty stomach <i>Nimbadi Kashayam</i> – 15ml BD After food <i>Dooshivishari gutika</i> – 2 BD After food <i>Manjistadi taila</i> – externally application
14.	20.02.2024	<i>Patolakaturohinyadi Kashayam</i> – 15ml BD on Empty stomach <i>Nimbadi Kashayam</i> – 15ml BD After food <i>Dooshivishari gutika</i> – 2 BD After food <i>Manjistadi taila</i> – externally application

BEFORE TREATMENT

05.06.2022



Figure 1

11.07.2022



Figure 2

08.09.2023



Figure 3



Figure 4



Figure 5



Figure 6



Figure 7



Figure 8



Figure 9

05.01.2024



Figure 10



Figure 11



Figure 12



Figure 13

AFTER TREATMENT

20.02.2024



Figure 14



Figure 15



Figure 16



Figure 17

FOLLOWUP AND OUTCOME

The Follow-ups details with timeline, treatment protocol, and periodic clinical outcome have been mentioned in **Table 2**. The psoriatic lesions with all its signs and

symptoms cured. No adverse events witnessed during the treatment. Photographs of affected areas before and after the treatment are shown in **Figure 1-17**. The patient kept only on a strict dietary regimen

for the next year but no recurrence observed. Photographs captured with the consent of the patient revealed the same results after the two years

DISCUSSION

Psoriasis is a long-lasting skin condition characterized by inflammation, influenced by genetics and an autoimmune process. Plaque psoriasis, or psoriasis vulgaris, is the most prevalent form of psoriasis characterized by silver-white scales and raised red patches known as plaques. As an autoimmune condition, it is challenging to treat. In *Ayurveda*, all skin diseases were categorized as either *kushta* or *kshudra kushta*. The clinical symptoms of patients with plaque psoriasis closely resemble with the characteristics mentioned by *Acharyas* in *sidma kushta*. Therefore, the

ailment was diagnosed as *sidma kusta* which is predominant with vata kaphaja dosha and treatment was scheduled accordingly.

The Etiology is significant in the onset of Psoriasis. Exposure to chemicals and changes in diet and habits are the primary factors leading to genetic alterations and autoimmunity. These modifications play a major role in the development of Psoriasis. Hence, the line of treatment adopted here was both *kushtagna* and *vishagna*. Both *Shodhana* and *samana* line of treatment was adopted in the management of the condition.

The medication adopted for the management was mainly based on the dosha involvement and severity of the condition. The classical indications of the prescribed medications was listed in the **Table 4**.

Table 4: Medication and Classical Indication

S. No.	Medicines	Indication
01	<i>Patolakaturohinyadi Kashaya</i> [9]	<i>Shwitra</i> (vitiligo), <i>kushta</i> (skin ailments), <i>krimi</i> (worm infestations), <i>pandu</i> (anaemia), <i>prameha</i> (diabetes), <i>medo roga</i> (<i>medo dhatu dushti</i>)
02	<i>Nimbadhi Kashaya</i> [10]	<i>Kapha jwara</i>
03	<i>Dooshivishari Gulika</i> [11]	<i>Dooshivisha</i>
04	<i>Chitrakadi vati</i> [12]	<i>Agni Deepana, Ama Pachana</i>
05	<i>Tiktaka Ghrita</i> [13]	<i>Kushta</i> (Skin Ailments), <i>Visarpa</i> (), <i>Pidika</i> (Nodules), <i>Daha</i> (Burning Sensation), <i>Trishna</i> (Thirst), <i>Bhrama</i> (Giddiness), <i>Kandu</i> (Itching), <i>Pandu</i> (anaemia), <i>Nadivrana</i> (sinus), <i>Apachi</i> (Lymphadenitis), <i>Vishpota</i> (pustules), <i>Gulma</i> (bloating), <i>shopha</i> (swelling), <i>unmada</i> (psychological disturbances), <i>Hridroga</i> (cardiac ailments), <i>timira</i> (catract), <i>vyanga</i> (pigmentation), <i>grahani</i> (GIT Disturbances), <i>swithra</i> (vitiligo), <i>kamala</i> (Jaundice), <i>bhagandara</i> (Fistula), <i>apasmara</i> (Epilepsy), <i>udara</i> (Ascitis), <i>pradara</i> (Leuchorria), <i>gara visha</i> (poison), <i>arsha</i> (Piles), <i>asrapitta</i> (Bleeding Disorders)
06	<i>Trivrut Lehya</i> [14]	<i>Virechana</i>
07	<i>Aragwadhadi Kashaya</i> [15]	<i>Chardi</i> (vomiting), <i>kushta</i> (skin ailments), <i>visha</i> (Poisonous Condition), <i>jwara</i> (fever), <i>kandu</i> (itching) <i>prameha</i> (Diabetes), <i>dushta vrana</i> (chronic wounds)
08	<i>Shirisharista</i> [16]	<i>Sarva visha hara</i>
09	<i>Nalpamaradi Taila</i> [17]	<i>Pama</i> , <i>Kandu</i> (itching), <i>Pidaka</i> (bullae), <i>Kushta</i> (skin ailments), <i>Visarpa</i> (herpes)
10	<i>Manjistadhi Taila</i> [18]	

The line of treatment was mainly focused on *Nidana parivarjana*, *Deepana*, *snehapana*, *Abhyanga*, *Shodhana*, *Shamana* and *Pathyapathya* respectively.

Nidana Parivarjana - In psoriasis, the immune system is abnormally activated, particularly the T cells (a type of white blood cell). These T cells mistakenly identify healthy skin cells as foreign, leading to an immune response that causes rapid skin cell turnover, resulting in the characteristic plaques of psoriasis. This happens mainly because of exposure to environmental factors like harsh chemicals, stress, infections, and skin injuries can activate or exacerbate psoriasis by triggering an immune response [19]. Hence, medications such as *Patolakaturohinyadi Kashaya*, *Aragwadhadi Kashaya* and *Dooshivishari Gulika* was prescribed in this particular condition. These medications mainly act as *hetugna chikitsa* as all these medications are directly indicated in the removal of visha from our body.

Deepana – *Chitrakadi vati* was administered in order to improve the *agni* of the patient. *Chitrakadi Vati* possess *katu*, *tikta rasa*, its *Laghu*, *Tikshna*, *Ruksha Gunas* it subsides the aggravated *Kapha* and reduces the *ama* which is increased in the body. Due to *Anushnasita virya*, *Madura vipaka* it balance the *Pitta* overall it help in increasing *Agni* which in turn prepares the body for *snehana pana*.

Snehapana - *Snehapana* was done with *tiktaka ghritha* in an increasing dose of 30ml, 60ml, 90ml, 110ml and 130ml respectively. *Tiktaka Ghritha* possess *Tikta Rasa*, *Laghu Ruksha Guna*, *Samasithoshna virya* and *pitta hara*, *Kandughna Karma* and *Kushthahara* properties which helps in subsiding the *Prakupita Pitta Dosha*, *Kanduta (itching)* and aids in producing the *Sneha siddi lakshana* before *shodana*.

Abhyanga - *Abyanga* was done with *manjistadi taila* externally for 4 days followed by *bashpa sweda* to attain *dosha utklesha avasta* which aids in removing the vitiated dosha during the process of *Shodhana*.

Manjistadi taila posses *Kashaya Madhura rasa*, *snigdha sheeta guna* does both *Shodhana* and *ropana karma*. It has the property of *Pittashamana*, *varnya* and *twak prasadhana* which ends up in reducing the *daha* and *kandu* present in the condition.

Bashpa Swedana (moist steam) boosts the metabolism, improve blood circulation by causing vasodilation, and activate sweat glands to eliminate toxins through sweating.

Shodhana – *Virechana* with *trivrut lehya* was administered in order to expel the *prakupita dosha* completely out from the body in *drava roopa* through *adhomarga*.

Shamana chikitsa – administration of *Patolakaturohinyadi Kashaya*, *Nimbadi Kashaya*, *Aragwadhadi Kashaya*, *Dooshivishari Gulika*, *Shirisharishta* and

Nalpamara taila provides positive outcome in managing and reducing the condition.

Pathya Ahara - *Pathya* plays an important role in the management of *kusta*. Hence, patient was advised to avoid spicy foods, non-vegetarian, incompatible food combinations and westernised food patterns.

CONCLUSION

Based on the marked improvement observed in *Sidma Kusta* with reduction in erythematous lesions, Itching, Erythema, Burning sensation of skin symptoms, it can be claimed that the Ayurveda medicinal interventions such as *Patolakatorohinaydi Kashaya*, *Aragwadhadi Kashaya*, *Nimbadi Kashaya*, *Dushivishari Gulika* and application of *Nalpamaradi Taila* along with *shodana chikitsa* can provide considerable effect in curing *Sidma Kushta*. The treatment plan followed *Ayurvedic samprapti* and resulted in a much earlier response compared allopathic treatments. There were no instances of the condition returning after treatment was finished. The importance of a healthy diet in promoting health was once again confirmed. Since this study is just one case report, the findings must be confirmed through clinical trials involving a larger group of participants.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil.

CONFLICTS OF INTEREST

There are no conflicts of interest.

INFORMED CONSENT

The patient's consent was taken to publish the case study with the included images.

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