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## Ayurvedic Management of Plaque Psoriasis (*Visarchika*): A Case Study

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### Abstract

**Background:** Psoriasis affects about 2–3 % of the global population, roughly 30 million people in India alone, and plaque-type lesions account for nearly 85 % of all cases. Beyond high-visibility dermal plaques, this condition carries an elevated risk of psoriatic arthritis, cardiometabolic syndrome, anxiety, and depression, imposing significant quality-of-life and economic burdens. Current management depends on topical steroids, phototherapy, systemic immunosuppressants, and cost-intensive solutions; these options provide transient control yet are limited by relapse on withdrawal, cumulative organ toxicity, immuno-suppressive risk, and affordability constraints. In Ayurveda, plaque psoriasis corresponds to *Visarchika*, a tridoṣaja condition requiring a staged approach: lipid-mediated internal oleation (*Snehapana*) to mobilise morbid *doshas*, emesis (*Vamana*) and purgation (*Virechana*) for *Kapha-Pitta* elimination, followed by cooling therapies such as *Takradhara* and targeted *Shamana* medicines to stabilise *Vata* and rebuild tissue homeostasis. **Case:** A 41-year-old female software engineer with a three-year history of plaque psoriasis presented with pruritic, silvery plaques over elbows, forearms, shins, lumbosacral region, and buttocks, involving 32 % body-surface area. Baseline indices confirmed severe disease: PASI 18.4, ESR 31 mm h<sup>-1</sup>, CRP 7 mg L<sup>-1</sup>. Prior intermittent clobetasol cream provided only short-lived relief and she declined systemic immunosuppressants because of safety and cost concerns. **Intervention:** The patient completed three-week *Panchakarma* treatment – *Shodhana* (Phase 1) followed by *Shamana* (Phase 2). Phase- 1 *Shodhana* regimen began with graded *Snehapana* using *Mahatikthaka ghritham* (40 to 180 mL, days 1–5), followed by *Vamana* on day 9, daily *Sarvanga Takradhara* with pre-massage on days 13–19, and *Virechana* with *Avipatti choornam* on day 17. From day 21 a 60-day *shamana* regimen - *Patolakatukurohinyadi kwath*, *Khadirarishtam*, *Guluchyadi kwath*, oral and topical *Mahatikthaka ghritham*, and *Artisor* - was administered. A *laghu-tikta* vegetarian diet excluded dairy, gluten, sugar, fried items, and nightshades; daily yoga and fixed sleep cycles were maintained. **Outcome:** In Phase 1 reduced PASI by 70 % (18.4 to 5.2) in 21 days, and lowered ESR from 31 to 17 mm h<sup>-1</sup> and in Phase 2, complete remission (PASI 0) with further ESR normalization to 12 mm h<sup>-1</sup> was achieved. Over 12 months of follow-up, only two ≤ 2 cm diet-related micro-flares occurred, each resolving within a week of topical *Mahatikthaka ghritham*. No adverse events or laboratory abnormalities were observed. **Conclusion:** Sequential, *doṣha*-specific *Panchakarma* viz., *Snehapana*, *Vamana*, *Sarvanga Takradhara*, and *Virechana*, followed by targeted *shamana* therapy and disciplined *pathya* produced durable, steroid-free remission in severe plaque psoriasis. The clinical trajectory supports classical *Kapha-Pitta shodhana* principles and aligns with emerging immunologic evidence, highlighting Ayurveda's potential as a patient-centered, systems-biology strategy for chronic inflammatory dermatoses.

**Key words:** *Visarchika*, *Kshudra kushta*, *Tridoshaja*, *Panchakarma*, *Vamana*, *Virechana*, *Takradhara*, *pathya*-*Apathya*, *Shodhana*, *Shamana*, *Lepa*, *Abhyanga*

## Introduction :

*Visarchika*, Ayurveda's clinical correlate to plaque psoriasis, arises when *Kapha* generates thick, adherent scales, *Pitta* kindles erythema and burning, and *Vata* drives the rapid outward spread of lesions <sup>[1]</sup>. Classical texts therefore recommend a *Kapha-Pitta shodhana* sequence (internal oleation, emesis, purgation) followed by *Vata*-pacifying therapies and strict *pathya* to lock in remission.

Contemporary dermatology adds a complementary lens: plaque psoriasis is sustained by a TNF- $\alpha$ /IL-23/IL-17 inflammatory cascade, oxidative stress, and altered gut-skin-liver balance that together cause keratinocyte hyper-proliferation and angiogenesis <sup>[2-3]</sup>. Although topical steroids, methotrexate, cyclosporine, JAK inhibitors, and biologic agents can suppress these pathways, their benefits are limited by rebound, cumulative toxicity, and limited affordability for many patients <sup>[4]</sup>. Each step of the classical Panchakarma sequence now finds mechanistic support:

- **Snehapana** with bitter *ghritham* mobilizes *Kapha-Pitta dosha* and <sup>[5, 10]</sup> prepares the body for lipid mediated toxin elimination.
- **Vamana** rapidly lowers circulating TNF- $\alpha$  and IL-6, helping interrupt the cytokine cascade <sup>[6]</sup>.
- Daily **Sarvanga Takradhara** calms vitiated *Vata* by dampening cutaneous HPA-axis reactivity and restoring stratum-corneum hydration <sup>[7]</sup>.
- **Virechana** evacuates residual *Pitta-raktha* and boosts Nrf-2 antioxidant defense <sup>[8]</sup>.
- Phytoconstituents in *Mahatikthaka ghritham* - notably neem limonoids and guduchi diterpenoids—inhibit NF- $\kappa$ B and STAT-3 in

keratinocytes, normalizing epidermal turnover <sup>[9]</sup>.

While individual elements of this regimen have been studied in isolation, comprehensive documentation of a full Panchakarma treatment program in severe plaque psoriasis is scarce. The present case report fills that gap, correlating clinical outcomes with the classical *dosha* rationale and these emerging molecular insights.

**Place of Study:** Kerala Ayurveda Multi-specialty Clinic, Koramangala, 8<sup>th</sup> block, Bengaluru 560095

**Case Presentation:** A 41-year-old woman presented with classical symptoms of *Visarchika* lesions - thick, erythematous, scaly plaques: over elbows, extensor arms and legs, lumbosacral region, and buttocks. She reported unbearable pruritus, continuous flaking, and occasional watery exudate/oozing (*srava*). There were no co-morbidities or joint symptoms, and vital signs were stable. Baseline indices confirmed severe disease: PASI (Psoriasis Area and Severity Index) 18.4 and ESR 31 mm h<sup>-1</sup>, with routine haematology, liver and renal panels within normal limits (Table 1).

**Table No.1 : Psoriasis Area Severity Index (PASI) & Erythrocyte Sedimentation Rate (ESR)**

Parameter	Before Treatment	After Treatment
Erythema (Redness)	4 (Severe)	0 (None)
Scaling	4 (Severe)	0 (None)
Induration	4 (Severe)	0 (None)
Body Surface Area	>30%	0
ESR	31 mm/hr	17 mm/hr
PASI Score	>16	0

**Line of Treatment :****Treatment Protocol:****Panchakarma Phase 1 – Shodhana (Purificatory Therapies):**

- **Vamana (therapeutic emesis)** – Eliminates *Kapha*, reduces scaling
- **Virechana (purgation)** – Corrects *Pitta-Rakta* imbalance, reduces inflammation.
- **Takradhara** – Pacifies *Vata-Pitta*, soothes skin, improves sleep

**Panchakarma Phase 2 – Shamana (Palliative Therapy):**

- **Internal Medicines:** *Mahathikthaka Ghritham*, *Patolakatukurohinyadi Kwath*, *Khadirarishtam*, *Guluchyadi kwath*
- **External Medicine:** *Mahathikthaka Ghritham*, Atrisor cream

**Lifestyle & Dietary Corrections:**

Patient was advised to avoid dairy, fried/spicy food, sugar, wheat, and nightshades. Emphasis was placed on *Laghu-Tikta Aahara* and regular sleep. Daily *Abhyanga* with *Eladi thailam* and Winsoria oil was advised.

**1. Deepana – Pachana**

- *Hinguvachadi* Pills - 2 tablets, three times daily before food with lukewarm water for 3 days.

**2. Snehapana (Internal Oleation):**

- *Mahathikthaka Ghritham* was administered early morning (7:00 AM) for 5 days in increasing doses with lukewarm water as *Anupana*.

- The lipid-based *Mahathikthaka Ghritham*, containing *Neem*, *Patola*, and *Guduchi*, supports targeted tissue delivery (*Dhamani Pravishṭa*) and known to suppress NF-κB activation and pro-inflammatory cytokines like TNF-α and IL-6. [5 & 2]

**• Diet recommended during Snehapana:**

During the *snehapana* procedure, the patient was advised to consume *Mudgayusha* (green gram soup) or plain vegetable soup in the late afternoon if required. For dinner, *Kanji* (thin rice gruel). Lukewarm water was consumed throughout the day. The patient was instructed to maintain warmth, avoid cold exposure, dust, and exertion.

**3. Vamana Karma (Emesis)**

1. Performed at 7:00 AM following *Kapha-Utkleshaka Aahara*.
2. *Kṣheera* – 2 L
3. *Yashtimadhu Phanta* – 1.5 L
4. *Nimba Jala* – 1 L
5. *Saindhava Jala* – 1 L

**Procedure**

- The patient consumed 1 L of *Kṣheera* to achieve *Akanthapana*.
- A *Lehya* of *Madanaphala* (¾ g) and *Vacha Choorna* (1.5 g) with *Madhu* (honey) was administered.
- Followed by 1 L of *Kṣheera* and 1.5 L of *Yashtimadhu Phanta*
- Five *Vamana Vegas* (emetic bouts) occurred.
- *Nimba Jala* and *Saindhava Jala* was administered in half-doses, inducing four more *Vegas* and five *Krcchra Vegas*.

The procedure was concluded upon observation of *Pittanta Lakshana*, indicating successful detoxification

#### 4. *Pashchat Karma* (Post-Vamana Care)

- *Dhumapana* was performed using *Haridra* and *Kapha*-reducing herbs
- *Gandusha* with *Triphala Kashaya* was advised
- *Peyadi Samsarjana Krama* was followed for three days to gradually restore normal diet.

Following *Vamana Karma*, the patient was scheduled for *Virecana Karma* (therapeutic purgation) as the next step in the detoxification protocol. *Snehapana* (internal oleation) was reinitiated in preparation for the upcoming *Virechana*.

#### Post-Vamana and Virechana Therapy

5. ***Snehapana***: Following *Vamana*, the patient experienced severe burning sensations, indicative of residual *Pitta* aggravation. Hence, *Virechana Karma* was initiated as the next line of detoxification. *Mahathikthaka Ghritham* was administered for 4 days in increasing doses:

- Day 1: 40 ml
- Day 2: 80 ml
- Day 3: 120 ml
- Day 4: 180 ml

The patient attained *Samyak Snigdha Lakshana*

#### 6. *Snehana and Sarvanga Takradhara*:

- From Day 1 post-Vamana, *Abhyanga* with *Eladi thailam* and Winsoria oil was continued along with *Sarvanga Takradhara*
- On Day 5 and 6, only *Takradhara* was continued.

- Day 7, after achieving *Samyak Snigdha Lakshana*, *Takradhara* was done before *Virechana*.

#### 7. *Virechana Karma*:

- *Avipatti Choornam* (20 g) was administered with hot water on an empty stomach at 8:30 AM. The patient rests in left lateral position, and drinks warm water frequently.
- The first Vega occurred after 45 minutes; a total of 12 Vegas were observed by 2:30 PM.
- Vitals remained stable: Pulse Rate: 82 bpm; Heart Rate: 80 bpm; Respiratory Rate: 14/min; Blood Pressure: 120/70 mmHg and blood routine revealed decreased ESR (17mm/hr).

#### 8. Post- *Virechana* Dietary and Lifestyle

**Modifications:** *Peyadi Samsarjana Krama* (structured post-Panchakarma diet) was followed for three days. Post-treatment PASI score showed no erythema, induration, or scaling on the affected parts noted post-treatment (Table 2).

**Table No.2 : Line of Treatment *Shodhana* - *Chikitsa* - Outcome - Mechanism of Action (MoA)**

Phase	Dates / Duration	Therapy Administered	Key Observations / Outcomes	Scientific Rationale (MoA)
<b><i>Purva karma</i> (Preparation Phase)</b>	Day 1–3	<i>Deepana-Pachana</i> with <i>Hinguvachadi</i> pills <i>Abhyanga</i> at home	Improved digestion, prepared patient for <i>Snehanapana</i>	Stimulates <i>Agni</i> ; reduces <i>Kapha-Ama</i> load; primes gut-skin axis

Phase	Dates / Duration	Therapy Administered	Key Observations / Outcomes	Scientific Rationale (MoA)
<b>Snehapana (1st Cycle)</b>	Day 4–8	<i>Mahathikthaka Ghritham</i> (increasing doses for 5 days)	<i>Samyak Snigdha Lakshanas</i> achieved	Enhances lipid-mediated toxin mobilization; prepares for emesis [5]
<b>Vamana Karma</b>	Day 9	<i>Madanaphala, Vacha, Ksheera, Yashtimadhu Phanta, Nimba Jala</i>	9 Vegas + 5 <i>Kricchra Vegas</i> achieved, <i>Pittanta Lakshana</i> observed	Removes mucinous buildup; activates gut-skin axis; stimulates hepatic detox pathways [6]
<b>Pashchat Karma (post-Vamana)</b>	Day 10–12	<i>Dhoomapana, Ganduṣa, Peyadi Samsarjana Krama</i>	Recovery and transition to normal digestion or normal gut epithelium	Rejuvenates mucosal immunity; stabilizes metabolic function, <i>Gandusha</i> helps in rapid absorption of lipid-soluble drugs into systemic circulation. [7]
<b>Takradhara + Abhyanga</b>	Day 13–19	<i>Takradhara</i> with <i>Eladi Thailam</i> and Winsoria Oil <i>Abhyanga</i>	Reduced <i>Vata</i> symptoms, improved dryness and flaking	Modulates HPA axis; anti-inflammatory action via probiotics and lactic acid-rich buttermilk [8-9]

Phase	Dates / Duration	Therapy Administered	Key Observations / Outcomes	Scientific Rationale (MoA)
<b>Snehapana (2nd Cycle)</b>	Day 13–16	<i>Mahathikthaka Ghritham</i> (40–180 ml)	<i>Samyak Snigdha Lakshanas</i> re-attained	Supports deeper systemic detox; maintains antioxidant capacity [10]
<b>Virechana Karma</b>	Day 17	<i>Avipathi Choornam</i>	12 Vegas, burning sensation relieved, ESR reduced	Clears inflammatory cytokines; improves liver function and systemic antioxidant capacity [11]
<b>Pashchat Karma (post-Virechana)</b>	Day 18–20	<i>Peyadi Samsarjana Krama</i> continued	Restored Agni, stable vitals	Reestablishes digestive fire; supports recovery phase
<b>Shamana Chikitsa</b>	Day 21 onwards (continued)	<i>Patolakatuku rohinyadi Kwath, Khadirarishtam, Guluchyadi kwath</i> , etc.	No symptoms post-therapy, PASI reduced to 0	Maintains immunomodulation; prevents disease recurrence [12]

This demonstrates the efficacy of classical *Panchakarma* with dietary and lifestyle interventions in managing psoriasis.

### Results:

**Panchakarma Phase 1** produced a 70 % reduction in disease severity: PASI fell from 18.4 to 5.2, ESR from 31 to 17 mm h<sup>-1</sup> and CRP from 7 to 4 mg L<sup>-1</sup>, by day 21. The patient also reported an increase in uninterrupted sleep from 4.5 to 7 hours. No electrolyte or hepatic-renal abnormalities were detected. A single 2 cm ankle plaque appeared on

day 68 after dietary indiscretion and resolved within four days with topical *Mahatikthaka ghritham* alone.

**Panchakarma Phase 2** cleared the residual plaques: PASI 0, ESR 12 mm h<sup>-1</sup>, CRP 2 mg L<sup>-1</sup>, (≤ 2 cm) behind the knee self-resolved within a week. No procedural or drug-related adverse events occurred across either phase and routine biochemistry remained normal throughout the 12-month follow-up period. The characteristic triad of *Kapha* induced scaling, *Pitta*-linked erythema, and *Vata*-driven dissemination in *Visarchika* makes a *Kapha-Pitta*-oriented *shodhana* purge the logical first step in management.

### Discussion:

This case highlights the effective application of *Vamana Karma* as a *Bheshaja Shodhana* (bio purificatory therapy) in the management of psoriasis, aligning with the Ayurvedic principle of *Kapha-Pitta Shodhana*. The successful induction of *Pittanta Vamana* signifies adequate *Dosha* elimination, which plays a crucial role in breaking the *Samprapti* of psoriasis. Further, interventions including *Virechana Karma* and *Thakradhara* helped promote long-term remission, improve skin healing, and restore optimal immune balance.

Firstly, to correct the underlying *Dosha-vikriti*, *Shodhana Chikitsa* was initiated. Given the *Kapha* aggravation, *Vamana* was selected as the first line of treatment to expel accumulated *Dosha* and restore balance. *Mahatikthaka Ghritham* was administered for *Snehapana*, effectively reducing scaling and thickened plaques in *Visarchika* (psoriasis). Due to persistent burning sensation, *Virechana* followed, addressing *Rakta Dushṭi* and

residual *Pitta* involvement, aiding skin detoxification. However, a rise in *Vata* prompted the use of *Takradhara*, which helped pacify *Vata* and relieved dryness and flaking. *Takradhara* was performed for seven days before *Virechana Dravya* administration. Post-*Virechana*, there was significant reduction in burning and flaking. Subsequently, *Shamana Chikitsa* was adopted to maintain *Dosha-samyatva*. *Patolakatukurohinyadi Kwath*, with its *Tikta Rasa* and *Pitta-shamaka* actions, supported *Rakta Shuddhi*. *Guluchyadi kwath*, being *Pitta-Kapha shamaka*, and *Khadirarishtam*, a classical *Raktashodhaka*, were included to prevent recurrence and sustain benefits. Externally, *Mahatikthaka Ghritham* promoted *Dhatu Paka Shamana* and countered dryness with its *Snigdha-Tikta* nature (Table No.3). This integrative *shodhana + shamana* protocol yielded 70 % relief in three weeks, complete clearance after the second phases and year-long steroid-free control. Minor flares correlated only with dietary lapses, underscoring the need for strict, ongoing *pathya*. For chronic autoimmune skin disease, annual *shodhana* and a disciplined lifestyle are recommended to sustain long-term remission.

**Table No. 3 : Line of Treatment - Shamana Chikitsa – Action – Mechanism of action**

Medicine	Dose	Time	Action	MoA Summary
<i>Patolakatukurohinyadi Kwath</i>  (Kerala Ayurveda Limited)	10 ml	Before break fast & dinner	Pacifies <i>Pitta-Kapha</i> and purifies blood	Hepatoprotective activity, Anti-Inflammatory property, Blood purification ( <i>rakta prasadana</i> ), Supports liver detoxification and Digestive stimulant <sup>[13]</sup>

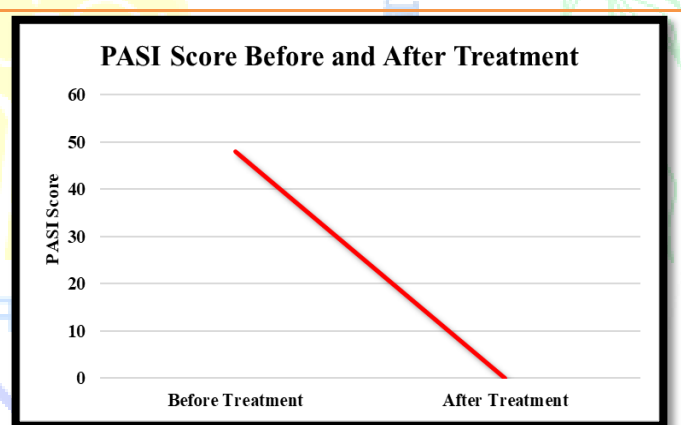
Medicine	Dose	Time	Action	MoA Summary
<b>Khadirarishtam</b>  (Kerala Ayurveda Limited)	20 ml	Before breakfast & dinner	<b>Rakta Shodhana</b> (blood purification)	Microvascular tonic, antiallergic, detoxifier of <i>Rakta Dhatu</i> <sup>[14]</sup>
<b>Guluchyadi kwath</b>  (Kerala Ayurveda Limited)	10 ml	Before breakfast & dinner	Boosts immunity and reduces inflammation	Immunomodulator: enhances phagocytosis, downregulates pro-inflammatory cytokines <sup>[15]</sup>
<b>Mahathikthaka Ghritham (Capsule)</b>  (Kerala Ayurveda Limited)	2-0-2	Before meals	Promotes detoxification and tissue shealing	Bioavailability enhancer, improves epithelial healing and detox <sup>[2]</sup>
<b>Mahathikthaka Ghritham, (External)</b>  (Kerala Ayurveda Limited)	Applied on affected parts	Daily	Soothes and heals skin	Skin emollient, antimicrobial, enhances barrier function and moisturization <sup>[2]</sup>
<b>Artisor Capsules</b>  (Atrimed Pharmaceuticals Ltd.)	2-0-2	After meals	Anti-inflammatory and immune-modulating effect	Anti-inflammatory, antioxidant, modulates keratinocyte proliferation <sup>[3]</sup>
<b>Atrisor Cream</b>  (Atrimed Pharmaceuticals Ltd.)	Applied externally	After shower	Reduces itching and scaling	Anti-inflammatory, antioxidant, modulates keratinocyte proliferation <sup>[3]</sup>

Table No.4 : *Pathya and Apathya*

Phase	<i>Pathya</i> (Recommended)	<i>Apathya</i> (To Avoid)
<b>Before &amp; During Treatment</b>	Light, easily digestible diet, rice, rasam, moong dal, bitter vegetables	Dairy, wheat, fried foods, spicy foods, sugar, nightshades (brinjal, potato)
<b>After Treatment</b>	Same diet continued with gradual additions	Processed foods, alcohol, irregular meal timings
<b>Lifestyle Recommendations</b>	Yoga, meditation, proper sleep cycle	Night shifts, excessive stress, irregular eating habits

## Conclusion

This case demonstrates that a root-cause, Ayurveda-centred strategy can deliver durable control of chronic plaque psoriasis (*Visarchika*). A stepwise *Panchakarma* sequence viz., *Snehapana*, *Vamana*, *Sarvanga Takradhara*, and *Virechana*, followed by targeted *shamana* formulations and a disciplined diet produced 70 % symptom relief in 21 days and also complete remission (PASI 0) within an year; the patient remained lesion-free for a full year without steroids. The outcome validates classical *Kapha-Pitta shodhana* principles and highlights Ayurveda's capacity for sustainable, long-term management of inflammatory skin disease



Graph 1: PASI Score before &amp; after treatment



Image 1: Before Treatment



Image 2: After Treatment

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