



Case Study

AN INTEGRATIVE CLINICAL APPROACH TO VIPADIKA W.S.R TO PALMOPLANTAR PSORIASIS

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Article info

Article History:

Received: 06-01-2026

Accepted: 12-02-2026

Published: 15-03-2026

KEYWORDS:

Vipadika,
Palmoplantar
Psoriasis, Patola
Katuohinyadi
Kashaya, Jivantyadi
Yamak.


ABSTRACT

In this modern era, skin disorders have become a significant health concern, affecting not only physical health but also an individual's social, mental, economic, and family wellbeing. Palmo-plantar psoriasis is a persistent form of psoriasis that primarily involves the skin of the palms and soles, leading to considerable functional disability and a marked reduction in quality of life. In Ayurveda, a broad spectrum of skin disorders is described under the term *Kustha*, which is further subclassified into *Maha kustha* and *Kshudra kustha*. *Vipadika* is one the *Kshudra kustha* having *Vata- Kapha dosha* predominance. The term Palmo plantar psoriasis is not mentioned in our ancient classics but its signs and symptoms can be clinically correlated to *Vipadika* It is a chronic condition characterised by *Sphutanam* (cracking) and *Teevra Vedana* (severe pain) either in palm or sole or both. In this case, Ayurvedic treatment focused on restoring *Agni* balance, maintaining equilibrium of the *Tridosha*, and relieving symptoms. This was a single case study carried out at the OPD of our institute, involving a patient who presented with white plaque-like skin discoloration accompanied by itching, burning sensation, and pain in both the palms and soles for the past two months. On the basis of its clinical manifestations, we diagnosed the disease condition as *Vipadika*. *Shamana Chikitsa* was administered for a duration of 45 days. Clinical assessment was carried out using the Psoriasis Area and Severity Index (PASI) score before and after treatment. The treatment regimen demonstrated encouraging results, with marked improvement in subjective parameters such as reduction in *Shyavata* (hyperpigmentation), *Kandu* (pruritus), *Pidaka* (lesions), *Ruja* (pain), and *Rukshata* (dryness). This study emphasizes the need for standardization of Ayurvedic diagnostic methods and treatment protocols that are both safe and effective, and suggests their potential application in future research.

INTRODUCTION

Nowadays, skin disorders are a major health concern, as they not only interfere with an individual's daily activities but are also associated with social stigma. Palmoplantar psoriasis is a variant of psoriasis that predominantly affects the skin of the palms and soles. It is believed to result from a combination of genetic and environmental factors, although the exact aetiology remains unknown.

The most common genetic factor associated with palmoplantar psoriasis includes the human leukocyte antigen (HLA) Cw6. There may be a possibility of linkages to substitution in the *CARD14* gene. Environmental triggers include smoking, irritants, friction, and repetitive or manual trauma. Paradoxically, anti-tumour necrosis factor-alpha agents have been reported to induce palmoplantar eruptions. The majority of patients with palmoplantar pustulosis are current or former smokers, and it is believed that activation of nicotine receptors in sweat glands may trigger an inflammatory response in this condition. Palmoplantar psoriasis can affect individuals of all ages, and gender predilection remains unclear. This form of psoriasis accounts for approximately 3-4% of all psoriasis cases, while

Access this article online	
Quick Response Code	
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psoriasis itself affects 2–5% of the population. Symptoms typically include raised, thickened, and discoloured skin, which may also lead to pain, cracking, and bleeding^[1]. Ayurveda classifies all skin disorders under the broad term *Kushta*. According to the *Charaka Samhita*, there are 18 types of *Kushta*, of which 11 are categorized as *Kshudra Kushta*. *Vipadika* is one of them. Different Acharyas have given various opinions on signs and symptoms of *Vipadika*^[2]. *Ashtanga Hridaya*^[3] describes *Vipadika* as presenting with *Panipadspatana* (cracks on palms and soles), *Teevra vedana* (severe pain), *Manda kandu* (mild itching), and *Saraga Pidaka* (red-coloured macules). According to Acharya Charaka crack and severe pain are the symptom of *Vipadika*^[4]. Acharya Sushruta also explained it under *Kshudra roga* with a different name called *Padadari*^[5] which denotes pain is especially present on *Pada* (sole) along with itching, burning sensation.

MATERIALS & METHODS

Case Information

It was a single case study conducted at IPGAE&R at SVSP, Kolkata. A Female patient Mrs XYZ, 46 yrs of age; Islam, residing at Medinipur came to kayachikitsa OPD of I.P.G.A.E & at SVSP, Kolkata. OPD.NO-AYUR/OR2500041xxx with chief complain of - white plaque discoloration of skin associated with cracked lesion (*Sphutana*), itching (*Kandu*), burning sensation (*Daha*) and pain (*Vedana*) in both palm and sole for past 2 months.

Associated Complain

She has disturbed sleep due to itching.

History of Present illness

The patient was asymptomatic 2 months ago, gradually she developed white plaque patches over planter aspect of both palm and dorsum of sole. She took allopathic medicine for one month but couldn't get much relief, then she came to our hospital at Kayachikitsa OPD for better management.

Past Medical History

Took antihistaminic drugs with topical application of steroidal ointment for the same.

Addiction: No such

Family History

No such

Occupation:

Worked as a labourer in a Bidi factory earlier.

Clinical findings

On Integumentary Examination

Site & nature of eruption- Thick hyperkeratotic plaques, Scaly lesion over plantar aspect of both palms and dorsum surface of feet.

Distribution- Symmetrical

Surface- Dry, Scaly and thick

Discharge- Absent

Margin- Irregular

General Condition: The patient was alert, cooperative and conscious.

General Examination- Haematological Examination

Weight- 56 kg Hb-11.4 gm/dl

Height-5'2" FBS- 103 mg/dl

Facies -Anxious PPBS- 143 mg/dl

BP -130/84 mm of Hg

Pulse Rate- 74 b/min

Temp- 97.8 F

Resp.R-20 times per minute

Clubbing- Absent

Pallor- Absent

Jaundice- Absent

Cyanosis- Absent

Oedema- Absent

Ashtavidha Pariksha

- *Nadi-V-K*
- *Mala- Baddha*
- *Mutra -Pita Varna*
- *Jihva- Isat sama*
- *Sabda- Sphashta*
- *Sparsa- Ruksha*
- *Drik- Prakrit*
- *Akriti- Madhyam*

Nidana: *Katu, Snigdha, Guru, Abhishyandi, Virudha, Ati amla-lavana ahara, Vataja ahara and Vihara.*

Poorva-Roop: Itching (*Kandu*) sensation in the affected areas.

Roop: Cracking of palms (*Sphutanam*) with dryness (*Rukshata*), scaly, itching (*Kandu*), bleeding and painful (*Vedana*) lesions.

Upashaya- *Grisma Kala*

Samprapti: The aetio-pathogenesis of the disease is described below.

Nidana Sevana (Aharaja, Viharaja, Manasika)

↓

Causes *Agni Vikruti*

↓

Tridosha Vikruti along with *Rasa, Rakta, Mamsa, Lasika Dushti*

↓

Sanga and Vimargagamana of Doshas

↓

Sthanasamshraya in Pada and Hastha

↓

Causes *Vipadika Kushta*

Samprapti Ghatak**Table 1: Samprapti Ghatak of Vipadika Kushta**

1.	<i>Dosha</i>	<i>Vata Kapha Pradhana Tridosa</i>
2.	<i>Dushya</i>	<i>Rasa, Rakta, Mamsa, Lasika</i>
3.	<i>Agni</i>	<i>Mandagni</i>
4.	<i>Srotasa</i>	<i>Rasavaha, Raktavaha, Swedavaha</i>
5.	<i>Srotadusti</i>	<i>Sanga and Vimargagamana</i>
6.	<i>Adhishtana</i>	<i>Twak</i>
7.	<i>Udbhavasthan</i>	<i>Hasta and Pada</i>
8.	<i>Swabhava</i>	<i>Chirakari</i>
9.	<i>Rog marga</i>	<i>Bahya</i>

Diagnosis

It was mainly based on the clinical presentation. After clinical evaluation we diagnosed this disease as *Vipadika* as mentioned in our classics and text book, and treatment plan was decided accordingly.

Subjective Parameter

- *Pidaka* (Eruption),
- *Vaivarnya* (Discolouration)
- *Daha* (Burning)
- *Rukshata* (Dryness).
- *Kandu* (Pruritic)
- Pain (*Ruja*)

Assessment score on the basis of signs and symptoms**Kandu: (Pruritus)**

- No itching: 0
- Mild/occasional itching: 1
- Moderate frequent itching: 2
- Severe frequent itching: 3
- Very severe itching, which disturbs sleep and other routine activities: 4

Pidaka (Lesion)

- No eruption in the lesion: 0
- Scanty eruptions in a few lesions: 1
- Scanty eruptions in at least half of the lesion: 2
- All the lesions full of eruption: 3

Vaivarnya (Discoloration)

- Nearly normal skin colour: 0
- Brownish-red discoloration: 1
- Blackish-red discoloration: 2
- Blackish discoloration: 3

Daha (Burning)

- No burning sensation: 0
- Mild type of burning sensation: 1
- Moderate burning sensation: 2
- Burning present continuously (severe) and even disturbing sleep: 3

Rukshata (Dryness)

- No line on scrubbing with nail dryness: 0
- Faint line on scrubbing by nails: 1
- Lining and even words can be written by nails: 2
- Excessive Rukshata leading to Kandu: 3
- Rukshata leading to crack formation: 4

Pain (Ruja)

- No pain: 0
- Mild/occasional pain: 1
- Moderate pain: 2
- Severe pain: 3
- Very severe pain, which disturbs sleep and other routine activities: 4

Score Indication

- 1–6: Mild
- 7–12: Moderate
- 13–21: Severe

Treatment Plan**Table 2: Therapeutic Intervention: Shamana Chikitsa (Oral medication and Local application for 45 days)**

S.No	Medicine	Dose	Anupana
1.	<i>Patola Katurohinyadi Kashaya</i>	15ml twice daily in empty stomach	Equal quantity lukewarm water
2.	<i>Panchatiktaghrita</i>	10ml once daily at morning in empty stomach	Lukewarm water
3.	<i>Gandhak Rasayana</i>	500 mg twice daily after food	Lukewarm water
4.	<i>Arogyavardhini vati</i>	500mg twice daily after food	Lukewarm water
5.	<i>Jivantyadi Yamak + Tankan bhasma</i>	Local application (quantity sufficient) with <i>Tankan</i> (250mg) twice daily.	
6.	<i>Triphala powder</i>	Externally-Used as locally wash (<i>Prakshalan</i>) Internal-5gm ODHS	Lukewarm water

Pathya and Apathya^[6]

The importance of a wholesome diet as a health promoter is also certified.

Table 3: Pathya and Apathya

Pathya	Apathya
<i>Yava, Godhuma, Sali, Mudga, Adhaki, Masura, Jangala mamsa, Puran Ghrita and Laghu anna</i>	Incompatible diet and drinks, irregular food regimen, Sugarcane Products, <i>Amla dravya, Tila, mamsa, Gurvanna</i> (diet heavy to digest), <i>Navanna</i> (newly harvested grains), <i>Vidahi dravya, Vistambhi dravya Anup mamsa, Dadhi, Dugdha</i>

Assessment criteria – PASI score was used for the assessment of improvement in signs and symptoms.

Observations

The observation was recorded in a photographic document shown below.

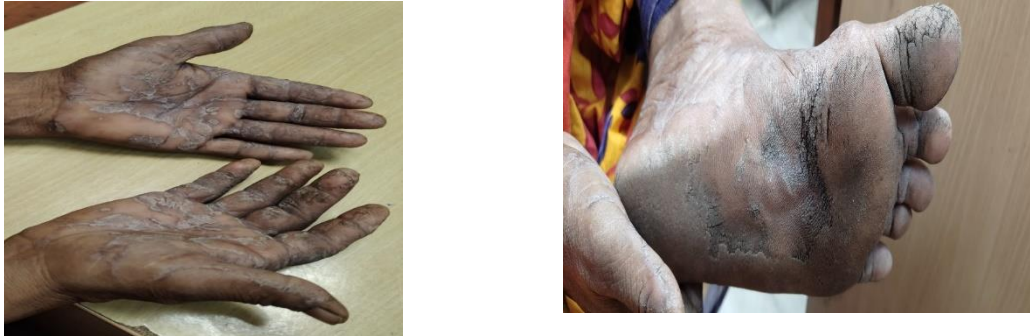


Fig: 1 Condition before treatment (Day 0)

<p>Fig: 2 Condition on day 15th of treatment</p>		
<p>Fig: 3 Condition on Day 30th of treatment</p>		

Fig: 4
Condition on Day 45th of treatment.



Results

According to the results, the skin lesions became lighter in appearance, pain and itching were relieved. Improvement was observed in subjective parameters, with notable reductions in itching, eruptions, discoloration, pain, and dryness. A significant decrease in the PASI score was also recorded.

Assessment Criteria

Table 4: Assessment criteria on the basis of Subjective Parameter

Complain	Before Treatment	1 st Follow Up	2 nd Follow Up	3 rd Follow Up
<i>Kandu</i> (Pruritic)	4	3	2	0
<i>Pidaka</i> (Lesion)	3	2	1	1
<i>Vaivarnya</i> (Discoloration)	3	2	1	0
<i>Daha</i> (Burning Sensation)	3	2	1	0
<i>Rukshata</i> (Dryness)	4	3	2	1
<i>Ruja</i> (Pain)	3	2	1	0

Fig 5: Graphical representation denoting Assessment criteria on the basis of Subjective Parameter

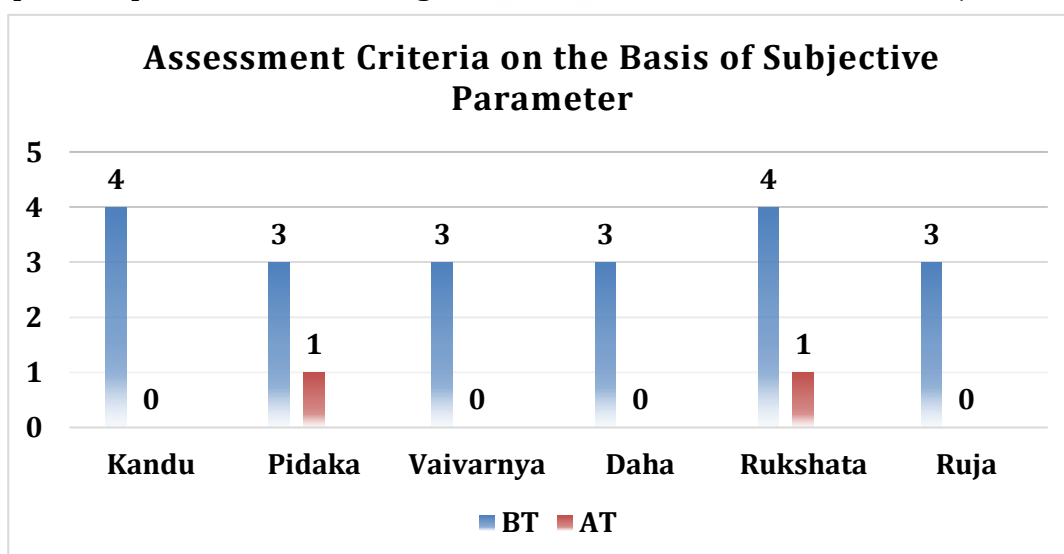


Table 5: Score and Prognosis in Subjective parameters Before & After treatment

	Before Treatment	After Treatment
Score	20	2
Prognosis	Severe	Mild

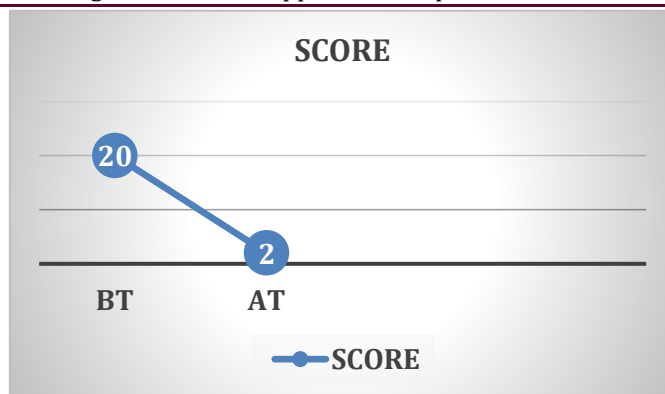


Fig 6: Graphical representation of Score BT & AT

The Psoriasis Area and Severity Index score (PASI) was used for the assessment of improvement in signs and symptoms.

Table 6: PASI Score Before & After treatment

		PASI SCORE
1.	Before Treatment	7.2 (Severe)
2.	After Treatment	1.2 (Mild)

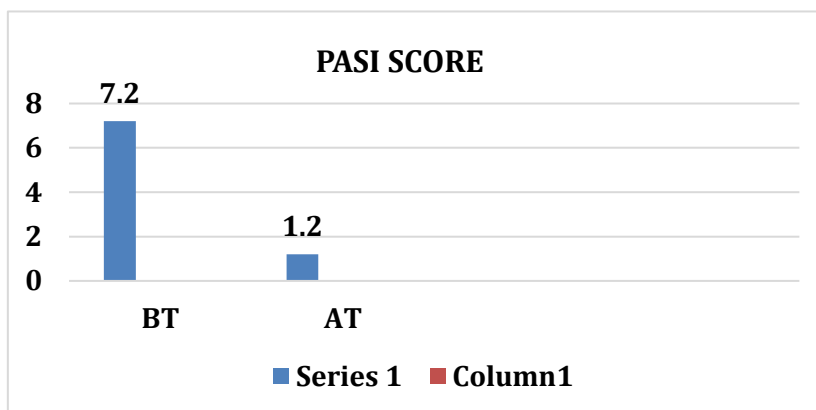


Fig 7: Graph Denoting PASI Score BT & AT

Follow up & Outcome

The patient visited Outdoor patient department (OPD) of our hospital at every 15-day interval. She was treated with same *Shamana auosadhi*. *Pathya* and *Apathya* was well instructed to her and results was assessed on the basis of subjective parameters of symptom. No recurrence was reported following the completion of active treatment. Here sharing below the latest image.



DISCUSSION

Vipadika (palmoplantar psoriasis) is a chronic relapsing disease. In Ayurveda, avoiding the causative factors (*Nidana Parivarjan*) through proper diet and lifestyle is regarded as the first step in disease management. In this case report, *Nidana parivarjan*, *Shamana chikitsa* and *Bahirparimarjan* (local application) therapeutic protocol was given in accordance with the involved vitiated *Doshas*.

Considering the potent action of *Patola Katurohinyadi Kashaya*^[7], having *Vishaghna* and *Kapha-Pitta shamaka* property. *Patol*, *Katak*, *Chandana*, and *Patha* are *Kapha-Pitta shamaka*, while *Murva* and *Guduchi* are *Tridosha-shamaka*. It enhances appetite and digestion through *Amapachana* and *Agnivardhana*, and possesses choleric, hepatoprotective, hepatocurative, and antioxidant properties. *Pancha Tikta Ghrita*^[8,9] possesses *Tridosahara* and *Kanduhara* properties. Its key herbs and their active phytochemicals include *Patola* (*Trichosanthes dioica* Roxb.), which contains triterpenoids and flavonoids that reduce inflammation and oxidative stress; *Nimba* (*Azadirachta indica* A. Juss), rich in quercetin, which inhibits pro-inflammatory cytokines and provides antimicrobial effects; *Vasa* (*Adhatoda vasica* Linn. Nees), containing vasicine known for its anti-inflammatory and infection-preventing properties; *Kantakari* (*Solanum virginianum* Linn.), which contains solasodine that enhances wound healing and reduces inflammation; *Guduchi* (*Tinospora cordifolia* Willd.), high in tinosporide that supports detoxification and immune modulation; and *Haritaki* (*Terminalia chebula* Retz.), *Bibhitaki* (*Terminalia bellerica* Roxb.), and *Amalaki* (*Phyllanthus emblica* Linn.), which contribute tannins and vitamin C, offering antioxidant and detoxifying benefits. Overall, *Pancha Tikta Ghrita* is rich in anti-inflammatory properties and supports healing through its potent herbal constituents^[10].

Arogyavardhini vati^[11] performs *Agni Deepan*, thereby ensuring proper formation of *Rasa Dhatu*. *Katuki* aids in the elimination of *Dusit Pitta* and helps normalize *Rakta*. The *Tamra* contained in it is a renowned remedy for multiple skin disorders. Additionally, it is abundant in antioxidants, antimicrobial agents, and anti-inflammatory substances. *Arogyavardhini Vati* functions as a *Rasayana* and *Kusthanashaka*, along with *Dipana*, *Pachana*, *Medanasaka*, *Malashuddhikara*, *Sarvarogaprasamani*, and *Srotodoshahara* actions. It promotes healing of *Vipadika* by reducing dryness and pain. *Gandhak Rasayana*^[12,13] aids in correcting skin discoloration and restoring natural pigmentation. All the necessary qualities to treat *Kushta* are found in *Gandhak*. It alleviates *Dusit Kapha* and *Visa*. By its action on *Rasa* and *Rakta dhatwagni* it does *Ama Pachana* and

Shodhana of vitiated *Lasika*. Purified sulphur, the active component of *Gandhaka Rasayana*, demonstrates anti-inflammatory, keratolytic, antimicrobial, and detoxifying properties. It helps reduce inflammation, soften thickened skin, prevent infections, and modulate immune responses in psoriasis. Its antioxidant effects lessen oxidative stress, while *Amla*, *Haritaki*, and *Guduchi* enhance detoxification and liver protection, supporting long-term management of palmoplantar psoriasis. *Triphala*^[14,15] being *Tridosahara*, enhances digestion and promotes regular elimination (purgation). Its antioxidant, anti-inflammatory, and antimicrobial properties, along with its ability to support wound healing and skin regeneration, contribute to its effectiveness. It reduces inflammation, fights infection, and supports the natural healing process of the skin on the palms and soles. This multifaceted action helps balance the underlying *Doshik* imbalances associated with *Vipadika*, leading to improved skin health and reduced symptoms. After cleaning with *Triphala Kwath*, the patient was told to gently scrub using a low-pressure scrubber to remove dead skin and encourage new skin growth. The dry (*Ruksha*), hot (*Ushna*), and sharp (*Tikshana*) properties of *Shuddha Tankan*^[16] support debridement of the soles and encourage skin regeneration. The main ingredient of *Tankan*, sodium borate, provides keratolytic, anti-inflammatory, antimicrobial, and antifungal properties. Boron, present as a trace mineral, helps reduce inflammation and promote wound healing. The astringent nature of *Tankan* decreases moisture, tightens the skin, and prevents further scaling and fissures, with boron supporting tissue regeneration and the healing of psoriatic lesions. *Jivantyadi Yamaka*^[17] (medicated ghee) is a special Ayurvedic medicine where two fats are used in the preparation. In this formulation, sesame oil and cow ghee serve as the base. *Jivantyadi Yamak* with the *Snigdha Guna* of *Jeevanti*, *Goghrita*, *Tila Taila*, and *Madhucchista* balances *Vata* and prevent *Rukshata* in *Vipadika*. Its *Vrana Shodhana* and *Vrana Ropana* properties from *Daruharidra*, *Kampillaka*, *Tilataila*, *Sarjarasa*, and *Manjistha* reduce *Padasphutana*, while *Go-Dugdha* act as *Rasayana*^[18]. *Touttha* and *Daruharidra* relieve itching (*Kandu*), while *Kampillaka*, *Tilataila*, and *Sarjarasa* reduce pain (*Vedana*) and burning (*Daha*) through their *Pittaghna* properties. Overall, the integrated Ayurvedic treatment led to a quick and notable remission in chronic palmoplantar psoriasis.

CONCLUSION

Healthy skin has always been a major factor in aesthetics and boosts self-esteem. However, because skin disorders are so evident, they not only diminish

self-esteem but also leads to mental distress. Palmoplantar psoriasis is a chronic skin infection and recurring in nature. Early intervention and targeted treatment are vital for enhancing a patient's quality of life. By addressing the underlying etiology rather than just the symptoms, the Ayurvedic approach demonstrates its core therapeutic principles. This study highlights the significant efficacy of Ayurvedic modalities in managing *Vipadika*, as demonstrated by a marked reduction in PASI (Psoriasis Area and Severity Index) scores and clinical improvement in both objective signs and subjective symptoms. Notably, the specific Ayurvedic protocol employed in this case achieved a faster therapeutic response than previous conventional allopathic interventions.

Acknowledgement

I would like to acknowledge my Parents for their unwavering support and my Co-PGTS for their valuable guidance, Mr. Subrata Das (Ass.Librarian) and Apothecary department of I.P.G.A.E & R at SVSP Kolkata for providing all essential materials required during the study.

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Cite this article as:

Yadav Neha, Panja Soumya, Chakrabarty Nabanita, Bhaduri Tapas. An Integrative Clinical Approach to Vipadika w.s.r to Palmoplantar Psoriasis. AYUSHDHARA, 2026;13(1):204-211.

<https://doi.org/10.47070/ayushdhara.v13i1.2477>

Source of support: Nil, Conflict of interest: None Declared

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