AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

INTEGRATIVE AYURVEDIC APPROACH IN CHRONIC PLAQUE PSORIASIS *(EK KUSHTHA)*: A CASE BASED EVIDENCE OF *SHODHANA* AND *SHAMANA* THERAPY

Rupali Purohit[1]*, Himani Gupta[2]

*[1]Assistant Professor, Department of Panchakarma, Uttaranchal Medical College of Ayurveda and Research, Uttaranchal University, Prem Nagar, Dehradun, Uttarakhand.

[2]Assistant Professor, Department of Panchakarma, Satyaraj Ayurvedic Medical College and Hospital, Meerganj, Bareilly, Uttar Pradesh, India.

Article info

Article History:
Received: 19-04-2026
Accepted: 28-05-2026
Published: 08-07-2026

KEYWORDS:
Twak Roga, Ek Kushtha, Psoriasis*, Vamana Karma, Virechana Karma, Panchakarma, Rakta Dushti.*

ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by erythematous plaques covered with silvery scales and is marked by recurrent exacerbations. It is a prevalent autoimmune disorder affecting the skin and joints, characterized by its chronic and recurrent nature. In Ayurveda, almost all the skin diseases are described under *Kushta Rogadhikara*. Chronic plaque psoriasis can be compared to *Ek Kushta* which is one among the *Kshudra Kushta* having *Vata-Kapha* predominancy. **Aim & objective -** To evaluate the efficacy of Ayurvedic *Shodhana* and *Shamana* therapy in the management of chronic plague psoriasis *(Ek Kushtha)*. **Material and Methods -** This is a case study of a 31 yrs old female patient who is a diagnosed case of chronic plaque psoriasis with severe itching and white scaly powdery discharge skin lesions from all over the body for 16 years. Anti-histamine therapies along with steroidal therapies provide no significant relief to the patient. She was Clinically assessed and managed with Ayurvedic *Panchakarma* procedure i.e. *Vamana* and *Virechana Karma* along with internal medications as a line of treatment of *Ek Kushtha Chikitsa*. **Result-** After the complete course of treatment, significant improvement was observed in itching, scaling, and overall skin condition, as well as in disturbed sleep. The patient showed a marked reduction in symptoms without any adverse effects. **Discussion and Conclusion -** In contemporary science, there is no permanent cure, only remission of the disease can be achieved by medicines but these treatments can cause reoccurrence of the disease along with severe side effects. So, an effort has been made with Ayurvedic intervention and results were seen offering sustained relief and improved quality of life.

INTRODUCTION

Psoriasis is a chronic inflammatory skin disease that affects 2-3% of the world population [1]. It is characterized by the presence of well-defined, erythematous, scaly papules and plaques that occur especially over the scalp, ears, genitalia, and skin over bony prominences. The prevalence of psoriasis in India varies from 0.5–1.5% [2]. There are five main types of psoriasis: plaque, guttate, inverse, pustular, and erythrodermic[3] but plaque psoriasis is the most common type. The typical lesion is a raised, well-demarcated erythematous plaque of variable size. In untreated disease, silver/white scale is evident with positive Auspitz sign. The most common sites are the extensor surfaces, notably elbows and knees, and the lower back [4]. It can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years. Approximately one third of people with psoriasis report being diagnosed before age 20[5]. Psoriasis affects both sexes equally[6]. In Ayurvedic literature, the condition closely resembles *Ek Kushtha*, described under *Kushtha Roga*.

Kushtha is also considered under *Ashta-Mahagada* (eight fatal disorder) and has been

Access this article online

Quick Response Code

https://doi.org/10.47070/ayushdhara.v13i3.2758

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discussed under 2 subtopics, namely *Maha-Kushtha* and *Kshudra-Kushtha*[7]. *Eka Kushtha* is one among the *Kshudra-Kushtha* which generally is presented by symptoms of *Aswednama*, *Mahavastu* (extensively spread), *Matsyoshaklopamam* (looks like fish scale), and *Aruna Varna* (tinge of reddishness along with discoloration of skin)[8]. The clinical features of *Eka-Kushta* are like that of plaque psoriasis explained in contemporary science. Classics explained the *Hetu* (causative factors) of *Ek Kushtha* as consumption of *Viruddha Ahara* (dis-ordered dieting-incompatibility) and *Vega Dharana* (suppressible urges), following *Divaswapna* (day sleeping) and *Paapa karma* (indulgence in sinful acts), etc[9]. The underlying pathology entails the impairment of *Vata* and *Kapha Doshas,* alongside *Rakta* (blood) *Dushti*, resulting in toxin accumulation within the skin.

Repeated *Samshodhana* (purificatory therapies) along with *Samshamana* (palliative therapies) is main line of treatment of skin diseases in Ayurveda*. Shodhana* removes *Vruddha* (vitiated) *Doshas* from the body*. Shamana* stabilizes *Doshas* in our body*.* This case study is to substantiate effectiveness of Ayurvedic treatment in the management of plaque psoriasis.

Case Report - A 31-year-old female patient, known case of chronic plaque psoriasis for the past 16 years, presented to Panchakarma Outpatient Department (OPD) in Uttaranchal Hospital and Diagnostic Centre on 10/08/2025 with the following complaints:

S.No.	Chief Complain	Duration
1.	Recurrent erythematous scaly plaques over scalp, face, and extremities	16 years
2.	Severe itching with burning sensation	2-3 years
3.	Interrupted sleep	1 year

History of Present Illness

The patient was apparently healthy 16 years ago when she first noticed a small, round erythematous patch over the right thigh associated with intense itching. She initially consulted a local practitioner and was prescribed antifungal medications for 10 days; however, there was no relief. Gradually, the lesion increased in size and number, spreading to involve both upper and lower limbs. Later, she consulted a dermatologist and was diagnosed with psoriasis. She underwent allopathic treatment for approximately 13 years, which provided temporary symptomatic relief but no sustained remission. Recurrence was frequent. Subsequently, she opted for *Ayurvedic* management at Rishikul Campus (UAU), Haridwar, and received *Ayurvedic* medications for a short duration with mild improvement. However, the condition persisted with intermittent exacerbations. The current flare has lasted for six months. It features many clear, raised reddish plaques covered with thick, silvery-white scales. The lesions range from small spots the size of a coin to large patches that merge on the scalp, trunk, and outer sides of all limbs. The plaques make the skin very itchy, dry, and sometimes cracked. The Auspitz sign, which shows pinpoint bleeding when removing scales, and the Koebner phenomenon, where new lesions appear at sites of skin trauma, were both positive. This indicates ongoing psoriatic activity. There is no swelling or tenderness in the joints, and no signs of psoriatic arthritis. The examination of the nails is normal. Routine laboratory tests, including complete blood count, liver and kidney function, and blood sugar, are all within normal limits.

For the last 2–3 years, the patient reports:

- Recurrent erythematous scaly plaques over scalp, face, and extremities
- Itching with burning sensation *(Daha)*
- Interrupted sleep

Due to chronicity and recurrence, she presented to *Panchakarma* OPD in Uttaranchal Hospital and Diagnostic Centre for further management.

Table 1. Investigations of the Patient

Hb%	14.68	**LFT**	Normal
TLC	8.401	**S. Urea**	48
PLC	1.76	**S. Creatinine**	1.38
RBS	89	**Uric acid**	5.6
TSH	1.61	**CRP**	10
ESR	18	**Viral markers**	Non-Reactive

Past History – No H/O- HTN/DM/Thyroid

Treatment History

- T. Cyclosporine 100mg 1 tab thrice daily
- T. Methotrexate 25mg once a week
- T. Folic Acid 5mg once a day
- T. Ebastine 10mg 1 tab four times daily
- T. Hydroxyzine 2.5mg 1 tab at night
- T. Montelukast 10mg at night
- Steroid ointments for local application.

Family History– No relevant family history.

Physical Examination

General Examination– Patient is well oriented to time, place, and person.

B.P – 110/80 mmHg

Pulse – 90/min

Temp – 97.4°F

Weight – 75kg

Pallor- Not present

Icterus- Not present

Clubbing – Not present

Cyanosis and edema – Not present

Systemic examination

Respiratory system – B/L Vesicular breath sound heard with equal air entry on both sides.

Cardiovascular system – S1S2 heard, no added sound

Per Abdomen – Soft, non-tender, no organomegaly

Central nervous system – All cranial nerves intact, no sensory or motor loss

Muco-cutaneous Examination

Dermatological findings

- Well-demarcated erythematous plaques
- Silvery scaling
- Positive Auspitz sign
- Positive Candle grease sign

Intervention

Table 2: *Vamana karma*

S.No	Name of drug	Days	Date	Dose
1.	*Deepana pachana* with *Chitrakadi Vati*	3 days	15/8/2025 to 17/8/2025	1 Tab 4 times
2.	*Snehapana* with *Mahatriphala Ghrita*	5 days	18/8/2025 to 21/8/2025	Administered warm, on empty stomach each morning starting from 30ml then increased gradually upto *Samyak Siddhi Lakshana* (120 ml).
3.	*Abhyanga* with *Nimbadi Taila* followed by *Sarvanga Swedana* with *Dasmoola Kwath*	2 days	22/8/2025 to 23/8/2025	Full-body massage with *Nimba Taila* for 30 min, followed by steam bath for 10 min, once daily (to soften lesions and open channels).
4.	*Vamana*	1 day	23/8/2025	*Madanaphala* + *Pippali* + *Vacha* + *Saindhav* in 4:2:1 ratio (6–7g with honey). *Yashtimadhu Kwath* used as *Vamanopaga Dravya*. Result: 6 *Vega*; *Madhyama Shuddhi* (moderate purification) attained. *Post Vamana*: medicated nasal smoke therapy using *Haridra* and *Vachadi Dhooma Varti* for 5 min per nostril.
5.	*Samsarjana Krama*	5 days	23/08/2025 to 27/08/2025	Gradual diet: Day 1– 2: thin rice gruel *(Manda)*; Day 3–4: semi-solid rice porridge (*Vilepi*, *Yavagu*); Day 5: light normal diet. Advised to avoid heavy, spicy, or junk foods during this recovery phase

Table 3: *Virechana karma*

S.No	Name of drug	Days	Date	Dose
1.	*Deepana pachana* with *Chitrakadi Vati*	3 days	05/10/2025 to 07/10/25	1 Tab 4 times

2.	*Snehapana* with *Mahatriphala Ghrita*	5 days	08/10/2025 to 12/10/2025	Administered warm, on empty stomach each morning starting from 30ml then increased gradually upto *Samyak Siddhi Lakshana* (120 ml)
3.	*Abhyanga* with *Nimbadi Taila* followed by *Sarvanga Swedana* with *Dasmoola Kwath*	3 days	13/10/2025 to 15/10/2025	Full-body massage with *Nimba Taila* for 30 min, followed by steam bath for 10 min, once daily (to soften lesions and open channels)
4.	*Virechana Karma*	1 day	15/10/2025	*Trivrit Avleha*=80gm given orally at 10:00 AM after massage and steaming. Encouraged hydration with warm water; supplemental *Triphala* and *Draksha* decoction given for facilitating complete evacuation. Result: 18 loose bowel movements by evening; *Madhyama Shuddhi* (moderate purification) attained.
5.	*Samsarjana Krama*	5 days	15/10/2025 to 19/10/2025	Gradual diet: Day 1– 2: thin rice gruel *(Manda)*; Day 3–4: semi-solid rice porridge *(Vilepi, Yavagu)*; Day 5: light normal diet. Advised to avoid heavy, spicy, or junk foods during this recovery phase

Table 4: *Shamana Aushadhi*

S.No	Name of drug		Dose
1	*Kaishore Guggulu* 500 mg	2 Tab twice daily	After meals
2	*Aarogyavardhini Vati* 500 mg	2 Tab twice daily	Before meals
3	*Gandhak Rasayana*	2 Tab twice daily	After meals
4	*Manjisthadi Kwath*	40 ml twice daily	Before meals

Assessment Criteria and Outcomes

The patient was assessed for *Kandu* (itching), *Varna* (discolouration), *Mandalotpatti* (wheal formations) and frequency of attacks. Grading was done as follows.

The patient was assessed on the *Kandu* (itching), *Matsyashakalopamam* (scaling), *Rukshta* (dryness of skin), *Vaivarnya* (discolouration), *Pidika (*eruptions), *Vedana* (pain), *Srava* (discharge), *Twak Shotha* (inflammation), *Daha* (burning sensation), disturbed sleep where effect was assessed on the basis of changes occurred at the end point in comparison to base line score which was 28 before treatment and after treatment which was reduced to 9. Grading was done as shown in Table 5.

Table 5: Gradation of Symptoms for assessment

***Kandu* (Itching)**

Criteria	Grading
No itching	0
Very mild itching	1
Itching only during night	2
Itching one to four times during the day	3
Itching disturbing normal daily activities	4

***Matsyashakalopamam* (Scaling)**

Criteria	Grading
No scaling	0
Mild scaling by rubbing/by itching (scaling from <30% lesions)	1
Moderate scaling by rubbing/by itching (scaling from <70% lesions)	2
Severe scaling by rubbing/by itching (scaling from <70% lesions)	3
Scaling without rubbing/ itching (scaling from <70% lesions)	4

***Rukshata* (Dryness)**

Criteria	Grading
No line on scrubbing with nail	0
Faint line on scrubbing with nail	1
Lining and even words can be written in scrubbing by nail	2
Excessive *Rukshata* leading to *Kandu*	3
Rukshata leading to crack formation	4

***Vaivarnya* (Discolouration)**

Criteria	Grading
No discoloured rashes	0
Pinkish discoloured rashes	1
Light red discoloured rashes	2
Slight black reddish discoloured rashes	3
Deep Black reddish discoloured rashes	4

***Pidika* (Eruptions)**

Criteria	Grading
Absence of *Pidika*	0
Very mild *Pidika* (1-2 *Pidika*)	1
Moderate *Pidika* (upto 10 *Pidika* per lesion)	2
Severe *Pidika* (10-20 *Pidika* per lesion)	3
Very severe *Pidika* (more than 25 *Pidika* per lesion)	4

***Vedana* (Pain)**

Criteria	Grading
Absent	0
Pain occasionally after itching	1
Mild pain after itching	2
Moderate pain (continuous pain without disturbance in sleep)	3
Severe pain (continuous pain with disturbed sleep)	4

***Srava* (Discharge)**

Criteria	Grading
No Discharge	0
Mild Discharge <70% lesions	1
Moderate Discharge < 70% lesions	2
Moderate Discharge > 70% lesions	3
Excessive discharge with foul smelling	4

***Shotha* (Swelling/Inflammation)**

Criteria	Grading
No *Shotha*	0
Shotha present in less than 25% of area	1
Shotha present between 25-50% of the area	2
Shotha present between 50-75% of the area	3
Shotha present more than 75% of area	4

***Daha* (Burning Sensation)**

Criteria	Grading
Absence of burning sensation	0
Very mild (burning sensation rarely)	1
Mild (burning sensation on and off)	2
Moderate (burning sensation is there continuously in specific time day/night)	3
Severe (burning sensation is there continuously regardless of specific time period)	4

Disturbed Sleep

Criteria	Grading
Sound sleep	0
Sometimes disturbed sleep	1
Often disturbed sleep	2
Daily disturbed sleep	3
Unable to sleep for more than 3-4 hours per day	4

OBSERVATION AND RESULT

On the day of admission patient was graded for *Kandu* (itching) as 2, for *Varna* (discolouration) as 2, for *Mandalotpatti* (wheal formation) as 2 and for Table 2. Therapy Frequency of attacks as 1. After treatment *Kandu* (itching) reduced to 0, *Varna* (discolouration) to 1, for *Mandalotpatti* (wheal formation) to 1 and frequency of attacks as 1.

The assessment was done on the basis of symptoms on the day of admission, after *Vamana*, after *Virechana*, and on follow up as shown in Table 3. The patient skipped all allopathic medicines after *Virechana* therapy. After 2 months of treatment, significant improvement was observed in scaling, erythema, and itching. The patient reported an 80-90% reduction in symptoms, improved digestion, and better sleep. Weight reduced from 64kg to 59kg. Now, routine life was not hampering due to erythematous plaques. Constipation was relieved. Sleep, appetite, and digestion also improved. All investigations were within normal limits. Treatment was well tolerated by the patient and no side effect was noted during this duration.

Table 6: Assessment Before Treatment, After *Vamana*, After *Virechana* and Follow up

Symptoms	Days			
	1st	18th	60th	90th
Kandu (itching)	3	1	1	0
Matsyashakalopamam (scaling)	4	3	2	2
Rukshta (dryness of skin)	3	2	2	1
Vaivarnya (discolouration)	2	2	1	1
Pidika (eruptions)	3	3	2	2
Vedana (pain)	2	1	1	0
Srava (discharge),	3	2	1	1
Twak Shotha (inflammation),	3	2	1	1
Daha (burning sensation),	2	2	0	0
Disturbed sleep	3	2	1	1

Score: BT 28/40 - AT 9/40

Before Treatment



(1)



(2)



(3)

Fig.1, 2, 3: Condition of the Patient before Treatment

After Treatment



(4)



(5)



(6)

Fig. 4, 5, 6: Results after Treatment

DISCUSSION

Ek Kushtha is described as a *Vata-Kapha* predominant *Kushtha* with *Rakta* involvement. The chronicity of 16 years indicates deep-seated *Dosha* accumulation in *Rasa* and *Rakta Dhatu*. According to *Ayurvedic Samprapti*, *Nidana* such as improper diet, incompatible food combinations, stress, and irregular lifestyle lead to *Agnimandya* and *Ama* formation. The accumulated *Ama* associates with vitiated *Doshas* and localizes in *Twak*, resulting in scaling and plaque formation. *Vamana* and *Virechana Karma* plays a pivotal role in eliminating vitiated *Kapha* and *Pitta* and purifying *Rakta*, thereby reducing inflammatory mediators and keratinocyte proliferation.

Initially *Deepana* and *Pachana* was done with *Chitrakadi Vati* to boost digestive fire and get rid of *Ama* followed by *Snehana* and *Swedana*. *Panchatikta Ghrita* was chosen for *Snehapana* as all its constituents– *Nimba (Azadirachta indica), Patola (Trichosanthes dioica), Kantakari (Solanum surattense), Guduchi (Terminalia cordifolia)* and *Vasa (Adhatoda vasica)* are *Tikta rasa pradhan dravyas*[10]. *Tikta rasa* is *Vishaghna* (anti-allergic action), *Kandughna* (pacifies itching), *Kushthaghna* (removes skin disorders) and purifies *Twacha* (skin) and *Rakta* (blood)[11]. *Panchatikta Ghrita* has been proven as anti-inflammatory effect[12]. So, it checks the inflammatory reaction on skin due to vitiated *Doshas* and *Dhatus*. *Sarvanga Abhyanga* was done with *Nimb Taila* followed by *Sarvanga Swedana with Dashmoola Kwath. Taila* is best for *Shamana* of *Vata* and it does not increase *Kapha*[13]. *Nimba* is the one of the drugs for *Kushta Roga* and is best for *Vata Shamana*. *Nimba* can be a choice of drug in *Kandu*. Therefore, *Nimba Taila* helped in the treatment of plaque psoriasis[14]. *Snehana* and *Swedana* both together works at the level of

Sukshma Srotasa (micro channels) by cleansing the micro channels also it shifts the *Doshas* from *Shakhas* (peripherical channels) to *Koshtha* so that they can be easily removed from the body.

The autoimmune nature of disease along with *Kaphaduṣṭi* initially started as itchy lesion. Hence, the primary *Doṣha* is *Kapha* when it involves the *Rasa dhatu* and causes *Kandu (Kapha dushti).* Association of *Raktadhatu* leads to erythematous PLAQUEs. *Vamana* is said to be useful for eliminating excess *Kapha Dosha*[15] as *Udbhavasthana* is *Amashaya* and *svabhava* is *Ashukari*. *Acharya Sushruta* also asserts that repeated *Vamana* is highly valued in the *Bahudoshaavastha* of *Kushtha*[16]. This therapeutic effect is attributed to the *Ushna* (hot) and *Tikshna* (sharp) properties of the *Vamana Dravyas*. These qualities facilitate the effective elimination of obstructions in the bodily channels *(Srotas)* caused by the vitiated *Kapha* and *Vata Doshas*. As a result, *Vamana Karma* serves as a potent detoxification method, enabling maximum expulsion of aggravated *Kapha Dosha* from the body. Hence, *Vamana* was planned as the first line of treatment for *Shodhana* (cleansing of microcirculatory channels) purpose.

Virechana (therapeutic purgation) was chosen for *Shodhana karma* (cleansing therapy) since it is best treatment for *Pittaja vyadhis*, also it is important treatment for *Vataja, Kaphaja* and *Raktaja vyadhis* as it eradicates the aggravated *Doshas* from the body. *Virechana* is treatment of *Pittadosha*, *Kapha samsrista Pitta* and *Vatasthangate Pitta*[17]. *Virechana* is mentioned as *Shodhana* procedure in *Dushti* of *Rasa, Rakta, Mams, Asthi, Majja* and *Shukra Dhatus* also. The medicine selected for *Virechana* was *Trivritta Avleha*. *Trivritta* is *Sukha Virechak*[18] (mild purgatives) and has *Madhura Kashaya, Tikta Rasa, Katu Vipaka* and *Ushna Virya*[19] which helps to pacify or expelled out *Pitta Dosha*. *Trivritta* also has *Kushthaghna, Krimighna, Rakta Shodhana* and *Tridoshaghna* properties[20].

***Kaishore Guggulu*:** It is indicated explicitly in *Vata Rakta*, *Vrana*, and *Kushtha*. It acts as an antiallergic, anti-bacterial and blood purifier[21].

***Aarogyavardhini Vati*:** It has *Kutki* as main ingredient that has anti-pruritic and antioxidant properties and works as *Dhatu Poshaka* (promotes body tissue), hence resolving morbidity at *Dhatu* level. It is *Deepani* (appetiser), *Pachani* (digestive), *Tridosha Shamaka* (pacify all *Doshas*), and is indicated in *Kushtha* treatment.

***Gandhak Rasayana*:** It is widely used in treatment of skin disorders. *Shoditha Gandhaka* is *Agnideepaka*, *Amapachaka*, *Vishahara*, *Soshaka*, *Krumi Nashaka*. All properties essential to treat *Kushta* are present in *Shuddha Gandhaka*[22]. *Gandhaka Rasayana* relieves discolouration of skin, helps to re-establish natural colour, alleviates *Dooshita Kapha* and *Visha*[23].

***Manjisthadi Kwath*:** It contains maximum drugs with abundance of *Tikta Rasa*, which makes it suitable for *Kapha-Pittaghna* action. Thus, by virtue of the above properties it acts on diseases like *Kushtha*, *Jwara* and *Vatarakta* which has dominancy of *Pitta Dosha* and *Rakta* as *Dushya*. Along with this, it also possesses property of *Rakta Prasadana*, *Rakta Pachana*, *Vishaghna*, *Kushthaghna*, *Kandughna* and *Daha Prashamana*[24].

CONCLUSION

Kushtha is described as one of most chronic diseases in Ayurvedic system of medicine. Any *Apathya Sevan* and *Manasika Nidana* leads to *Tridosha Prakopa* and due to *Dosha Dushya Sammurchana* and *Kha vaigunya* in *Twacha* manifests disease *Ek Kushta*. This case study shows that plaque psoriasis can be successfully treated with *Shodhana* and *Shamana* therapy. For prevention of further exacerbation and to decrease frequency of relapse, periodic *Panchakarma* interventions are advised. It also prevents progress of complications like Psoriatic arthritis.

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Cite this article as:
Rupali Purohit, Himani Gupta. Integrative Ayurvedic Approach in Chronic Plaque Psoriasis (Ek Kushtha): A Case Based Evidence of Shodhana and Shamana Therapy. AYUSHDHARA, 2026;13(3):637-645.
https://doi.org/10.47070/ayushdhara.v13i3.2758
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Rupali Purohit
Assistant Professor,
Department of Panchakarma,
Uttaranchal Medical College of Ayurveda and Research, Uttaranchal University, Prem Nagar, Dehradun.
Email: Rupali0393@gmail.com

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