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

Case Study

CLINICAL EFFICACY OF *SHAMANA* AND *SHODHANA CHIKITSA* IN *MANDALA KUSHTHA* W.S.R. TO PSORIASIS

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Article info
Article History:
Received: 10-05-2026
Accepted: 12-06-2026
Published: 08-07-2026
KEYWORDS:
Ayurveda, *Mandala Kushtha,* Psoriasis, *Shodhana, Shamana.*

ABSTRACT

Psoriasis is a chronic inflammatory skin disorder characterized by erythematous, scaly plaques and recurrent exacerbations. Plaque psoriasis accounts for nearly 90% of cases, and conventional therapies often provide temporary relief with frequent relapse. In Ayurveda, *Mandala Kushtha* described under *Mahakushtha* closely resembles plaque psoriasis. **Case Presentation**: A 27-year-old unmarried female presented with erythematous to hyperpigmented scaly lesions over the limbs, trunk, and scalp associated with itching, dryness, and occasional burning sensation. Chronic scalp scaling and nail discoloration had been present for nearly twelve years. Previous intermittent topical steroid therapy provided only temporary relief. **Intervention**: The patient was managed with classical Ayurvedic treatment, including *Shamana Chikitsa* followed by *Shodhana Chikitsa* in the form of *Vamana and Virechana Karma* after appropriate *Purvakarma.* **Outcome**: A significant reduction in lesions, itching, scaling, and PASI score was observed, with no relapse during follow-up. **Conclusion**: This case demonstrates that Ayurvedic management with combined *Shamana* and *Shodhana Chikitsa* may provide significant clinical improvement in *Mandala Kushtha* w.s.r. to psoriasis.

INTRODUCTION

Ayurveda considers health as the balanced state of *Dosha, Dhatu*, and *Mala*, while their imbalance leads to disease. *Kushtha* comprises a group of chronic skin disorders caused by *Tridosha* vitiation involving *Rasa, Rakta, Mamsa*, and *Lasika. Mandala Kushtha*, a type of *Mahakushtha*, is characterized by elevated circular lesions associated with *Shyava/Tamra Varna, Kandu, Snigdha-Guru Guna*, and a chronic course. It predominantly involves *Kapha* and *Vata Dosha*, with secondary participation of *Pitta*[1]. The classical *Ayurvedic* texts identify factors such as *Diva Svapa* (day sleep), indulgence in *Papakarma* (sinful activities), suppression of *Vega Dharana* (natural urges), and consumption of *Viruddha Ahara* (incompatible food) as causative factors[2].

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v13i3.2798

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From a contemporary medical perspective, Psoriasis is a chronic, immune-mediated inflammatory skin disorder characterized by accelerated proliferation of keratinocytes, resulting in well-demarcated erythematous plaques covered with silvery-white scales.[3] The lesions commonly involve the scalp, elbows, knees, and lumbosacral region. Psoriasis is non-contagious but may have a genetic predisposition and frequently manifests in early adulthood. Psoriasis is a prevalent dermatological disorder, affecting nearly 2% of the global population, with reported prevalence in India ranging between 0.44% and 2.80%.[4,5] The disease follows a relapsing–remitting pattern, with periods of exacerbation and remission, and may present either as localized plaques or widespread involvement in severe cases. [6]

Classical Ayurvedic features such as *Shvetam-Raktama* (reddish and whitish discoloration), *Sthirama* (stable lesions), *Snigdhama* (oily skin), *Uttasna Mandalama* (elevated round patches), and *Anyonsansakata* (mixed or coalescing features) show close similarity with the clinical presentation of

psoriasis, thereby supporting its correlation with *Mandala Kushtha*.[7] Psoriasis, with its characteristic erythematous, sharply demarcated papules, and round plaques covered by silvery scales, closely resembles certain features of *Mandala Kustha*.[8] While contemporary treatment focuses mainly on symptomatic and immune suppression, Ayurveda advocates *Dosha* elimination, *Agni* correction, and tissue-level restoration through *Shodhana* and *Shamana Chikitsa*. Ayurveda emphasizes *Shodhana Chikitsa* as the principal line of management in chronic skin disorders because it eliminates vitiated *Dosha* from the root and helps prevent recurrence, emphasizing its superiority over *Shamana Chikitsa* (palliative treatment) in chronic diseases.[9]

The present case study evaluates the outcome of classical Ayurvedic management in *Mandala Kushtha* w.s.r. to psoriasis.

Case Presentation

A 27-year-old Indian woman, unmarried, a non-smoker, and a non-alcoholic, presented to the Kriya Sharir department of the National Institute of Ayurveda Hospital, Jaipur, with complaints of erythematous-blackish circular skin lesions over both upper and lower limbs, abdomen, chest, back, and scalp for the past three to four months. The lesions were associated with mild itching, dryness, and occasional burning sensation. She also had a history of persistent scalp scaling and dandruff for approximately twelve years, along with discolouration and thickening of fingernails and toenails. The illness initially began with dandruff-like scaling over the scalp, which gradually progressed over the years, followed by the appearance of erythematous lesions that later turned blackish and spread slowly over the limbs and trunk. Symptoms showed a recurrent pattern with mild nocturnal aggravation of itching. The patient had received intermittent allopathic treatment, including topical steroid preparations, for years, which provided only temporary relief. Due to the chronic and recurrent nature of the condition, she was admitted for further Ayurvedic evaluation and management.

Past History

There was no history of diabetes mellitus, hypertension, major systemic illness, surgery, trauma, previous long-term hospitalisation, or any addiction. No significant family history of similar skin disorders was reported.

Personal History

Appetite was normal, sleep was occasionally disturbed due to itching, Bowel habits were associated with occasional constipation, and bladder habits were normal.

Clinical Findings

On examination, multiple well-demarcated, circular, hyperpigmented lesions were observed over the bilateral upper and lower limbs, trunk, and back. The lesions were dry, rough, mildly elevated, and associated with scaling. Chronic white scaling was noted over the scalp. The nails showed dystrophic changes with discolouration and thickening, indicating chronic involvement of deeper tissues. There was no oozing of discharges, secondary infection, or acute inflammatory changes. Vital parameters were within normal limits, and the patient was moderately built with a stable general condition.

Ashtavidha and *Dashavidha Pariksha*

Assessment through classical Ayurvedic examination (*Ashtavidha Pariksha*) indicated normal urine, mildly coated tongue, rough and dry tactile quality of the skin, normal speech and vision, and medium body build. Further evaluation using *Dashavidha Pariksha* demonstrated *Vata–Kapha* predominance in *Prakriti, Madhyama Sara, Samhanana, Pramana*, and *Satva*, with satisfactory *Ahara* and *Vyayam Shakti*. Overall strength of the patient was adequate for *Panchakarma* interventions.

Ayurvedic Diagnosis

Based on classical *Lakshana* such as *Utsanna Mandala*, *Shyava Varna, Kandu*, *Rukshata*, and chronicity, the condition was diagnosed as *Mandala Kushtha*. The disease involved *Tridosha* with predominance of *Kapha* and *Vata*, leading to vitiation of *Twak, Rakta, Mamsa*, and *Lasika*. Chronic obstruction in *Raktavaha Srotas* was considered the key pathological factor.

Samprapti Ghataka

The *Dosha* involved were *Kapha* and *Vata* with associated *Pitta*. *Dushya* included *Twak, Rakta, Mamsa*, and *Lasika*. The involved *Srotas* was *Raktavaha* with *Srotodushti* in the form of *Sanga*. *Udbhava Sthana* was *Amashaya* and *Vyakti Sthana* was *Twak*. The disease was *Chirakari* in nature and *Yapya* in prognosis. *Mandala Kushtha* is characterized by the predominance of *Kapha* and *Vata Dosha*, with involvement of *Tvak, Rakta, Mamsa*, and *Ambu* as the affected *Dushya*.[10]

Table 1: *Samprapti Ghatak*

***Dosha* dominance**	***Kapha- Vata***
Dushya (vitiated *Dhatu*)	*Tvak, Rakta*, *Mamsa, Ambu*
Srotas (involved channels)	*Rasavaha, Raktavaha*
Srotodushti Lakshan (pathological changes in channels)	*Sanga*, *Vimargagamana*
Agni (digestive and metabolic capacity)	*Jatharagni – Mandya* (low digestive fire) *Dhatwagni – Mandya* (low tissue metabolism) *Mahabhutagni – Mandya* (low elemental metabolism)
Marga (disease pathway)	*Bahya Rogmarga*
Udabhavasthana (site of origin)	*Amashaya* and *Pakvashaya* and *Sira*
Sancharastahana (site of spread)	*Tiryaka Gami Sira, Sarva Sharir*
Gati	*Tiryak Gati*
Adhistan (source of origin)	*Twak*
Vyadhi Swabhava (nature of disease)	*Chirakari* (chronic and slow progressing)

Table 2: Laboratory Investigations

Test	**Result**	**Unit**
Complete Blood Count		
Total RBC	4.74×10^{6}	/µL
Hemoglobin	12.1	g/dL
Differential Leukocyte Count		
Lymphocytes	15.8	%
Eosinophils	0.8	%
Erythrocyte Sedimentation Rate	33	mm/hr
Renal Function Test		
Urea	25.3	mg/dL
Serum Creatinine	0.55	mg/dL
Thyroid Function Test		
T3	1.27	ng/mL
T4	8.99	µg/dL
TSH	1.51	µIU/mL

Timeline

Table 3: Chronological Timeline of Treatment and Follow-up

Year	**Clinical Events**
From 2013 to March 2025	The patient underwent intermittent allopathic treatment, including topical steroids. Symptoms improved temporarily, but new lesions continued to appear.
8th April 2025	In April 2025, the patient came to the *Kriya Sharir* Department outpatient department (OPD) complaining of erythematous, scaly, and indurated lesions all over the body along with severe itching. The patient was prescribed Ayurvedic medication.
02nd September 2025	The patient's lesions showed clinical improvement, and moderate relief in itching was observed.
28th October 2025	All of the lesions were flattened and turned black, and the patient experienced total relief from itching and scaling. She was admitted to the Kriya Sharir Department's IPD

	for treatment.
28th November 2025	After completion of *Vamana* and *Virechana Karma*, significant relief in itching and scaling was observed, and the hyperpigmented patches gradually became lighter.
30th December 2025	No new lesions were observed, and significant clinical improvement was noted in all presenting symptoms.

Therapeutic Intervention

Considering the chronic nature of *Mandala Kushtha*, the patient was managed with *Shamana* and *Shodhana Chikitsa,* including *Deepana-Pachana, Snehapana, Vamana*, and *Virechana Karma*. Strict dietary and lifestyle modifications, along with oral and topical Ayurvedic medications, were advised throughout the treatment period.

***Shamana Chikitsa* (Palliative Therapy)**

Internal medications were administered as the first-line treatment according to the treatment schedule shown in Table 4.

Table 4: Treatment Schedule- *Shamana Aushadi Chikitsa*

S.No.	Medicine	Dose	Interval	Duration	*Anupana*
1.	*Panchtikta Ghrit Guggulu Ghrit*	10ml	BD BF	30 days	Lukewarm water
	Haridra Khanda	5gm			
2.	*Shuddha Gandhak*	250 mg	BD BF	15 days	*Brihatmanjisthadi Kashaya/kwath* 20ml BD
	Sutsekhar Rasa	10 ml	BD BF	15 days	
	Panchnimba Churna	3 gm	BD BF	15 days	
	Kamdudha Rasa	0.5 gm	BD BF	15 days	
	Rasmanikya	125 mg	BD BF	15 days	
	Krimi kuthara Rasa	500 mg	BD BF	15 days	
	Kaishor Guggulu	500 mg	BD BF	15 days	
	Dhatri Lauha	250 mg	BD BF	15 days	
3.	*Arogyavardhini Vati*	500 mg	BD AF	15 days	Water
	Syp. M-liv	20 ml	BD AF	15 days	
4.	*Nimba Amrutadi Eranda Taila*	10 ml	HS AF	15 days	Lukewarm Water

Shodhana Chikitsa

Following *Purvakarma* (Preparatory Phase), *Pradhankarma* (Main Therapy), and *Paschatkarma* (Post-Therapy Care).

Table 5(a): First Phase of *Shodhana Chikitsa* (October-November 2025)

Date	Medicine	Dose	Route	Duration
30 October to 01 November	*Deepana- Pachana* (*Avipattikar Churna* 3gm + *Sutsekhar Rasa* 500mg	5gm BD after meals with lukewarm water	Oral	5 days
02 November to 06 November	*Abhyantar Snehapana* (internal oleation) with *Shuddha Goghrita*+ (*Trikatu Churna* 250mg + *Saindhav Lavan* 250mg)	Day 1 – 30 ml Day 2 – 60 ml Day 3 – 90 ml Day 4 – 120 ml Day 5 – 150 ml	Oral	5 days
07 November & 08 November	*Sarvanga Abhyanga* & *Swedana* (full-body massage & fomentation)	*Dashmool Taila* followed by *Bashpaswed* with *Dashmool Kwatha*	External application	2 days

08 November	*Vamana* (therapeutic emesis) followed by *Sansarjana Karma*	*Madanphalyoga* (*Madanphal*-1gm, *Vacha*-1gm, *Saindhav*-1gm, *Madhu*-4gm, *Yastimadhu Phanta*, *Dugdhapana*) Total *Vega*: 6 *Vega* and 3 *Upavega*	Oral	1 day
08 November to 12 November	*Samsarjana Krama*	*Peya, Vilepi, Akrita Mudga Yusha, Krita Mudga Yusha*	Diet therapy	5 days
13 November to 15 November	Post-*Vamana* Care (*Paschatkarma*)-*Vishram Kaal*	Normal diet, monitoring BP & pulse.	Diet therapy	3 days

Table 5(b): Second Phase of *Shodhana Chikitsa* (November 2025)

Date	Medicine	Dosage	Route	Duration
16 November to 18 November	*Abhyantar Snehapana* (Internal oleation) with *Shuddha Goghrit* + *(Trikatu Churna* 250mg + *Saindhav Lavan* 250mg) day 1 – 50ml, day 2 – 100ml, day 3 – 150ml	50ml (Day 1) → 100ml (Day 2) → 150ml (Day 3)	Oral	3 days
19 November to 22 November	*Sarvanga Abhyanga & Swedana* (full-body massage & fomentation) with *Dashmool Taila* followed by *Bashpaswed* with *Dashmool Kwatha*	External application		4 days
22 November	*Virechana* (Therapeutic Purgation) followed by *Sansarjana Karma*	50gm *Trivrit Avaleha* [11] Total *Vega* (total purging episodes): 18 *Vega* and 27 *Upavega*	Oral	1 day
22 November to 26 November	*Samsarjana Krama*	*Peya, Vilepi, Akrita Mudga Yusha, Krita Mudga Yusha*	Diet therapy	5 days

Follow-Up and Outcomes

After completion of *Shodhana Chikitsa*, the patient showed marked improvement in clinical symptoms. Clinical assessment revealed substantial improvement in pruritus and dryness, with a gradual decline in hyperpigmentation and lesion thickness. Additionally, no fresh lesions were observed during the inpatient stay.

Scalp scaling reduced considerably, and nail discoloration also showed gradual improvement. The PASI score showed a remarkable reduction from 29.2 before treatment to 4.5 after treatment, indicating significant clinical improvement in the severity and extent of psoriatic lesions. The patient also demonstrated improvement in appetite, sleep, bowel habits, and overall well-being.

Follow-up was continued up to December 2025, during which no relapse or appearance of new lesions was observed. No adverse drug reactions or *Panchakarma*-related complications were noted during treatment or follow-up.

Table 6: Effect of Treatment

Features	Before Treatment	After Treatment
Color	Erythematous/brownish	Reduced
Itching	Severe	Reduced
Burning sensation	Severe	Reduced
Lesion size	Larger	Decreased
Lesion number	More	Decreased
Scaling	Present	Absent
PASI score	29.2	4.5



Figure 1: Comparative clinical photographs demonstrating therapeutic improvement following treatment

DISCUSSION

Mandala Kushtha is a *Chirakari Vyadhi* involving *Tridosha* vitiation with predominance of *Vata–Kapha Dosha*, along with *Twak, Rakta,* and *Mamsa Dushti*. Based on *Nidana* such as *Viruddha Ahara* and irregular dietary habits, and *lakshana* including blackish discolouration, scaling, dryness, itching, and chronicity, a treatment protocol focusing on *Agni* correction and *Dosha* pacification was planned. Accordingly, principles of *Deepana, Pachana, Vatanulomana, Raktashodhana*, and *Kledaghna Chikitsa* were adopted in the management of this case.

Probable Mode of Action

- *Mandala Kushtha* represents a state of *Bahu Dosha Avastha*, where morbid *Dosha* accumulate in *Twak, Rakta*, and *Mamsa Dhatu*.
- *Deepana–Pachana* was performed using *Avipattikara Churna* and *Sutshekhar Rasa* to correct *Agnimandya,* digest *Ama,* improve digestion, and prevent further *Dosha* aggravation in *Kushtha*.
- *Haridra Khanda* contains *Haridra*, along with *Goksheer* and *Goghrita*. *Haridra*, known for its *Tridoshashamaka* property, possesses anti-allergic and anti-inflammatory properties. Owing to its

Katu (pungent) and *Tikta* (bitter) *Rasa*, it helps alleviate *Agnimandya*, thereby facilitating the elimination of *Ama Visha* (toxic metabolites) from the channels of the body.[12]

- *Vatanulomana* supports proper elimination of *Dosha* by regulating *Apana Vata* and improving bowel movements. *Vatanulomana* was achieved using *Nimba Amrutadi Eranda Taila*, which possesses *Anulomana and Bhedana* properties due to *Eranda Taila*, facilitating the downward movement of vitiated *Vata*. The presence of *Nimba* and *Guduchi* further aids in *Ama Pachana* and *Rakta Shodhana*, supporting *Dosha* elimination in *Kushtha Roga*.
- *Kaishor Guggulu* is indicated in various conditions such as *Kushtha, Vatarakta* (gout), and *Amavata* (rheumatoid arthritis), and helps in reducing *Kleda* (exudation) while also limiting disease progression, including the potential development of psoriatic arthritis.[13]
- *Arogyavardhini Vati* was administered to improve *Agni*, correct metabolic dysfunction, and support *Rakta* and liver purification. Owing to its *Deepana, Pachana, Tridosha-shamaka*, and *Kushthaghna* properties, it helps reduce *Kleda* and break the pathogenesis of chronic *Kushtha*.[14,15,16]
- *Tikta–Kashaya* dominant drugs such as *Panchatikta Ghrita Guggulu, Guduchi,* and *Manjistha* possess *Raktashodhaka* and *Kushthaghna* properties, helping reduce inflammation, scaling, and discoloration. *Panchatikta Ghrita Guggulu* acts on *Dhatvagni* and regulates *Vyana Vayu,* thereby limiting the progression of *Mandala Kushtha*.[17]
- *Guduchi* has been widely researched for its hepatoprotective and anti-inflammatory properties, supporting its role in detoxification and modulation of immune function.[18]
- *Ghrita*-based drugs, due to their *Sukshma* and *Vyavayi Guna*, facilitate deeper tissue penetration and effective *Dhatu*-level action.
- *Brihat Manjishthadi Churna, Shuddha Gandhak,* and *Rasmanikya* possess combined therapeutic efficacy in *Mandala Kushtha*. These formulations help in alleviating inflammatory responses, promoting detoxification, reducing erythema, and assisting in the correction of underlying immunological disturbances associated with the disease.[19]
- *Shuddha Gandhak* possesses *Kushthaghna, Rakta Shodhaka,* and *Rasayana* properties, helping reduce itching, inflammation, discolouration, and skin lesions while improving skin health and digestion.[20]
- External therapies like *Bakuchi Taila, Nimbadi Taila*, *Dashanga Lepa*, and *Siddharthaka Snana* provide local *Kandughna* and *Kledaghna* effects, relieving itching and dryness.
- Strict *Pathya-Apathya* prevents further *Dosha* aggravation and recurrence.

Limitations

The present report is limited by its single-case design and short follow-up period. Therefore, well-designed clinical studies involving larger patient populations and longer follow-up are required to substantiate the efficacy of the described Ayurvedic interventions in *Mandala Kushtha*.

CONCLUSION

This case study demonstrates that *Mandala Kushtha* can be effectively managed through a holistic Ayurvedic approach emphasising *Shodhana Chikitsa*. Proper assessment of *Dosha* involvement, classical *Panchakarma* procedures, and post-therapeutic care may play a significant role in achieving sustained clinical improvement and improving quality of life in chronic skin disorders.

Patient Perspective

The patient reported significant improvement in itching, scaling, dryness, and overall quality of life after Ayurvedic treatment. Improvement was also observed in appetite, sleep, and general well-being. Although the treatment required strict dietary and lifestyle modifications with regular follow-up, the patient found the overall outcome satisfactory and encouraging.

Declaration of Patient Consent

The patient provided informed consent for publication of the clinical details and accompanying images in the journal. Efforts have been made to maintain confidentiality and conceal identity; however, complete anonymity cannot be guaranteed.

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Cite this article as:
Jaiswar Preeti, Sarika Yadav. Clinical Efficacy of Shamana and Shodhana Chikitsa in Mandala Kushtha w.s.r. to Psoriasis. AYUSHDHARA, 2026;13(3):1-8.
https://doi.org/10.47070/ayushdhara.v13i3.2798
Source of support: Nil, Conflict of interest: None Declared

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