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Review Article

Multi-Dimensional Ayurvedic Management of Psoriasis Complicated With Arthritis – Acase Study

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ABSTRACT

Background: Psoriatic arthritis (PsA), a heterogeneous chronic inflammatory immune-mediated disease characterized by musculoskeletal inflammation, generally occurs in patients with psoriasis. Conventional treatments such as non-steroidal anti-inflammatory drugs (NSAIDs), disease-modifying anti-rheumatic drugs (DMARDs), and biologic agents aim to alleviate symptoms and prevent joint damage. However, these treatments may have limitations such as side effects or inadequate control of symptoms in some patients. Psoriatic arthritis simulates Ayurvedic descriptions of the clinical syndrome - Vatarakta. The treatment principle focuses on controlling inflammation of affected joints to prevent joint pain and further disability.

Brief case report: A 50-year-old female patient arrived to P D Patel Ayurveda hospital in Nadiad with a clinical diagnosis of Psoriatic arthritis. She was having blackish-red discoloration and itching all over body from last 3 years; pain and stiffness in all joints mainly in interphalangeal joints and various complaints from last 4 months. She was under modern medicaments but she could not get any satisfactory relief. So, the patient came for ayurvedic treatment which commenced with vardhamana pippali rasayanpra yoga and svedanakarma followed by virechankarma, pathyadibasti, raktamokshna karma and then after oral Ayurvedic medications viz., manjisthadikwatha, kaishoraguggulu, haridrakhandha, lelitakamakshik, simhnadaguggulu.

Outcome: Itching, discoloration, pain, stiffness, insomnia, and other symptoms were reduced by 70–80% after five weeks of IPD treatment and six months of OPD treatment. The outcomes were positive.

Conclusion: Positive result in the present case highlights the potential of multi-dimensional ayurveda treatment in managing Psoriatic arthritis (PsA) and will help to generate the hypothesis for further research.

KEYWORDS: Psoriatic arthritis (PsA), Auto-immune disease, Vatarakta, Vardhamanapippalirasayan, Basti

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INTRODUCTION

Psoriatic arthritis (PsA) is a condition that combines the swollen, sore joints of arthritis with psoriasis. Its characteristics include red, elevated, patchy skin irritation that is scaling. The onset is usually between 25 and 40 years of age, but juvenile forms exist.¹ Both sexes are equally impacted. Psoriasis, a skin condition, and arthritis, a joint disease, can manifest independently. Psoriasis often develops before joint disease in 60–70% of patients. About 15–20% of individuals have arthritis before psoriasis appears, which can make diagnosis difficult. Psoriatic arthritis frequently manifests as joint pain, oedema, or stiffness in one or more joints.²

The cause of psoriatic arthritis is not clearly known but combination of genetic, immune and environmental factors are likely to be involved.³ The estimates of the prevalence of

psoriatic arthritis among individuals with psoriasis range from 5 to 30%.⁴ The diagnosis of PsA is primarily clinical, based on the presence of psoriasis and characteristic symptoms of joint involvement.⁵

In Ayurveda symptomatology of psoriatic arthritis can be correlated to the reference of *Vatarakta* in a broader sense. The characteristic feature of Psoriatic arthritis, skin disease precedes the arthritis, can be observed in *Uthana* and *Gambeera* stages of *Vatarakta*, where in *Sushruta samhitha chikitsa sthana*, it is explained that the disease *Vatarakta* first manifest as *Uthana* type with cutaneous manifestations and on passing of time it affects the deeper *dhatu* and form the *Gambheera Vatarakta*.⁶

The *purvarupa* of *Vatarakta* is same as the *Kushta* with the symptoms, *asweda*, *atisweda*, *sparshaghata*, *vaivarnyam*, *twakparushyam*, associated with *sandhiruk*.⁷ These symptoms involve both skin and joints which is observed in Psoriatic arthritis. In *Vatarakta*, when *vata* gets vitiated along with *rakta*, it imparts such qualities as *rukshta* and *laghuta* to *rakta* thereby bringing about the qualitative and quantitative changes in the *raktadhatu* itself.

The vitiation of *vata* and *rakta* results in the deterioration of *prakrutakarma* leading to *vaivarnya* and *krishata*, *sandhi vedana*, *toda*, *santapa* increased *kleda* in the *rakta* creates an atmosphere conducive to the occurrence of skin changes which can be justified by the treatments mentioned in *rakta / pittadhika Vatarakta* such as *sheetapradeha / seka*, *virechana*, *raktamokshana*, *ghrita ksheera panam*, and all the internal and external medicines and treatments that pacify the *rakta* and *pitta*.⁸

In the current state of society, poor eating habits, stress, and strain of all kinds are contributing factors to the rising occurrence of Psoriatic arthritis. The multidimensional ayurveda therapy for Psoriatic arthritis has been scientifically verified to demonstrate its safety and efficacy in scientific lines, as there is currently no suitable treatment available in other systems for the total cure of this condition.

PATIENT INFORMATION

A 50-year-old female patient arrived to our hospital on April 6, 2023, complaining of blackish-red discoloration on the back, upper and lower limbs, and abdomen with scaling; itching everywhere, insomnia, constipation for the previous three years; body ache, pain and swelling over both ankle joints, knee joints & interphalangeal joints, morning stiffness for the previous four months. Pain aggravates during cold exposure, climbing stairs, walking, exertion, and getting relieved by taking rest. Based on the provided history, the patient was diagnosed with psoriasis prior to three years of age, exhibiting blackish-red discoloration and widespread itching over the body. At that time, she began using oral allopathic medications and ointments. She had a worsening of her symptoms over time, along with hand and leg pain, swelling and stiffness, leading to a diagnosis of Psoriatic arthritis (PsA). According to her medical history, the patient has had diabetes mellitus for a year and has been taking medicine to regulate her blood sugar levels. She used both allopathic and ayurvedic medications and went to many hospitals one after the other, but her symptoms would not go away. That's why she visited our hospital.

Past History

The patient had three years of psoriasis and one year of DM type 2. She had a road implant history on her left leg as a result of an accident that occurred before seven years.

Personal History

- Appetite – Normal

- Bowel – Constipation; hard stool once in one-two days
- Urine – 5-6 times/day
- Sleep – Disturbed due to itching & pain
- Diet – Veg food (fast food, fermented food, excessive spicy food)

General Examination

- Pulse – 76/min
- Bp- 120/70 mmhg
- Respiratory rate- 18/min
- Temperature- 98° F
- SpO₂ – 99%

Ashtavidha Pariksha

1. *Nadi*: *Vatadhikpitta*
2. *Mutra*: *Samyaka* (5-6 times /day)
3. *Mala*: *Kathina mala pravrutti* (1 time / 1-2 days)
4. *Jihva*: *Sama*, normal in size, shape, and colour, with a white coating on the surface of the tongue
5. *Shabda*: *Prakruta*
6. *Sparsha*: *Ruksha*
7. *Drik*: *Prakruta*
8. *Akriti*: *Madhyam*

DIAGNOSTIC ASSESSMENT

Examination of the integumentary system

Blackish -red colour, rough, dry, silvery scaly lesions on erythematous base, distributed symmetrically over bilateral elbow joints, and extensor surfaces of bilateral hand and lower limb, abdomen and back region. The Auspitz sign which is specific for Psoriasis was positive.

The range of PASI score in this patient was 37.8. [Head = 0, Trunk = 8, Upper limb = 13.5, Lower limb = 16]

Examination of the musculoskeletal system

Exhibited swelling, tenderness over bilateral knee joints, interphalangeal joints with restricted range of movement. There was tenderness over ankle joints, accompanied by painful dorsiflexion and plantarflexion.

Laboratory investigation

Hb was 9.4 gm%, ESR was 81 mm/hr, PP2BS was 170 mg/dl and other remaining reports were within normal limits.

Ayurvedic clinical examination revealed the involvement of *saptadhatu* of *Kustha* along with *asthi* and *majjadushti* as evident from the symptoms like joint pain, swelling, and difficulty in walking. At the time of admission, *vyadhyavastha* was in the *ama* stage where as *jatharagni* was *manda*.

Therapeutic Intervention

All modern internal and topical medications were stopped, only allopathic medicine for DM is continued and then this treatment was followed.

DURATION	SYMPTOMS	TREATMENT
06/04/2023 TO 18/04/2023	The patient experiences Blackish-reddiscoloration across her body; Itching all over body; Disturbed sleep; Body ache; Pain and swelling inb/lknee joints, ankle joints & inte rphalangeal joints; Morning stiffness; Difficulty in walking, sitting, standing; Constipation.	In <i>ayurvedic</i> treatment <i>Vardhamanpippalirasayan</i> started (for 13days) 1gm twice a day with luke warm water, before meal. Daily increases 1gm up to 5gm and then continue 5gm for 5days and then taper the dose. Daily <i>Sarvangabaspasvedana</i> & <i>valukasvedana</i> for 3 times/day was done.
19/04/2023	Same as above complaints.	<i>Virechan karma with erandasneha 60ml + drakshakvatha - Q.S. followed by Samsarjana krama.</i>
20/04/2023	Blackish-red discoloration across her body; Itching all over body: Pain and swelling inb/lknee joints, ankle joints & interphalangeal joints; Morning stiffness & sleeplessness decreases.	Starts daily oral <i>Ayurvedic</i> medication, 1) <i>Pippali churna</i> 3gm twice a day with luke warm water before meal. 2) <i>Manjisthadikvatha</i> 40ml twice. 3) <i>Kaishorguggulu</i> 3 tablets – 3times a day with luke warm water, after meal. 4) <i>Haridrakhandha</i> 3gms – 2 times after meal with water. 5) <i>Simhnadaguggulu</i> 3 tablets – 3times a day with luke warm water, after meal. 6) <i>Lelitakamakshika</i> 2 tablets – 2times a day with luke warm water, after meal.
21/04/2023	She got some relieve in symptoms.	1) Started <i>pathyadibasti</i> (320ml) daily in morning time after <i>Sarvangabaspasvedana</i> .
22/04/2023TO 06/05/2023	Blackish-red discoloration across her body; Itching all over body, Pain and swelling inb/lknee joints, ankle joints & interphalangeal joints; Morning stiffness decreases.	Continue oral <i>Ayurvedic</i> medication and <i>pancakarma</i> procedure. Continue Tab.Glyson-MF (metformin -500 mg , glipizide – 5 mg) 1 OD.
07/05/2023	Blackish-red discoloration across her body; Itching all over body.	<i>Raktamokshana karma (Siravedha)</i> done for one day.
08/05/2023TO 12/05/2023	Pain and swelling inb/lknee joints, ankle joints & interphalangeal joints; Morning stiffness; Blackish-red discoloration across her body; Itching all over body decreases.	Continue oral <i>Ayurvedic</i> medication and <i>pancakarma</i> procedure. Continue Tab.Glyson-MF (metformin -500 mg, glipizide – 5 mg) 1 OD.
13/05/2023	Significant improvement noted: reduced pain and swelling in joints; morning stiffnessdecreases; improved appetite, earlier bedtime; itching relieved, resolved constipation.	Patient discharged and advised to take oral medication at home and come for follow up on every two weeks.

PATHYAPATHYA

Pathya

Breakfast: *chyavanprashavaleha*– 10 g with 100 ml milk (boiled cow milk without cream). Lunch: boiled green grams, boiled vegetables

Dinner: boiled green grams, boiled vegetables

Others: patient can take fruits (only papaya and sweet apple), pop rice, and dates if they become hungry during the day period other than lunch, breakfast and dinner.

Apathya

Roti, rice, salts, oily, spicy, heavy to digest items, cheese, paneer, sweets, curd and sour taste were totally restricted.

RESULT

The treatment was given for the duration of 5 weeks in IPD. Then in OPD follow up, Oral medication was continued till Nov 2023. No adverse events were reported during the treatment period. The assessment was done before and after the treatment by using PASI Score (Psoriasis Area and Severity Index) to measure the severity and extent of Psoriasis. The range of absolute PASI scores is (0-72). A score of (0) indicates no psoriasis, while a score higher than (10) suggests severe psoriasis.

Table 1: PASI score based on areas of psoriasis

	Score (BT)	Score (At the time of discharge)	Score (AT)
Head (H)	0	0	0
Trunk (T)	8	3.6	1.2
Upper limb (UL)	13.5	7.2	1.8
Lower limb (LL)	16	7.2	2.4
Total	37.8	18	5.4

Table 2: EULAR Criteria were also used for RA diagnosis

No.	Criteria	Score (BT)	Score (At the time of discharge)	Score (AT)
1	Joint involvement	3	2	1
2	Serology	0	0	0
3	Acute-phase reactants	1	1	0
4	Duration of Symptoms	1	0	0

Photographs of affected skin lesions were taken during initiation, between, and after treatment. Plated photographs show recovery in skin lesions, scaling, and erythematous plaque.

Before treatment:



At the time of discharge:



After treatment: (After 6 months of follow up)



DISCUSSION

There is a subtle correlation between *GambhiraVatarakta* and Psoriatic arthropathy. *Uttana* and *Gambhira* are two

distinct stages of the *vatarakta* pathology, according to *Sushruta*.⁹ Psoriasis phases may be thought of as the *vyaktakriyakala*. If this *kriyaavasara* is not used appropriately, the illness might worsen and spread to deeper

dhatu, including *asthi – majja*. In addition to the clinical manifestations of *Gambhira Vatarakta*, such as *Gambhiraswayathu*, *Gambhiraruk*, and *angulivakrata*, the individual also experiences crippling.¹⁰ Psoriatic arthropathy can be considered the *Bhedavastha* of psoriasis. The treatment protocol was adopted for *Samprapti bhedana* where *pitta-kapha hara*, *jirna jwara hara* and *vatarakta hara* a long with *kushthaghna aushadhiyog as* were preferred.

In this instance, *tridoshaprakopa* and *agni-dushti* are caused by *viruddahara*, *raktadushtikaraahara*, and extended mental tension. *Rasa*, *rakta*, *mamsadhatu* and *doshas* are particularly affected; they receive *sthanasamsraya* at *twak*. *Rakta dushti* happened as a result of ongoing *nidanasevana* further. The vitiated *vata* experiences *avarana* due to *vriddharakta*. *Doshas* further pierce the deeper *dhatu*, resulting in *asthi & majja-vaha srotas dushti*. Additionally, it affects the *karapadaangulyasandhis*, which results in *vaivarnyam*, *soopha*, *soola*, and *twak parushyam*.

Action of Svedanakarma

Skin is the site of the *vata dosha*, so *vata dosha* gets subsided by the sudation therapy. *Sarvangabaspasvedana* is helpful in the condition of stiffness & pain.

Action of Vardhamana pippali rasayan

In *shaman chikitsa* initially, *vardhaman apippalirasayan* is given, it possesses the *dipana-pachan* properties, as well as helps in *ama* condition. *Ama* is the cause of autoimmune diseases that arise in the body and lead to the adjustment of immune system functions. *Pippali* possesses immune modulatory and *rasayan* properties.

Action of Virechan karma

The *Virechandravayas* which are having properties like *ushna*, *tikshna*, *sukshma*, *vyavayi*, *vikasiit* reaches to the heart due to their potency it enters into all the *dhamanis* and circulates throughout the *sthula* and *sukshma* srotas. Then it does the liquefaction of the *doshasanghat* due to its *agneyaguna*. This *doshasanghat* passes through the minute capillaries and moves towards the *koshtha* and ultimately reaches to the *amashay*. The *virechan* drug has the predominance of the *jala* and *prithvimahabhuta*, so it acts as *adhobhagaharaprabhav*. It does the elimination of the vitiated *dosha* from the *gudamarga*. In this disease condition, it will be carried out with *erandasneha* and *drakshakvatha*. *Eranda* works on *vata* and *drakshakvatha* acts with its purgative properties and it will also subside the *pitta dosha*.

Action of Niruha basti

As per *Sushrutaacharya*, “*Pkshatpakshatch hardananyab hyupeyadmasanmas atstransan*”¹¹. But now a days *vamana* in every 15 days is impossible. As per *Charakaacharya*, “*Bahudoshamsa dhyakusthi bahusoanur akshatapranat*”¹². In *chakrapanitika*, “*stokamstokamnir harenpuna hpunahsodhya*.” So *sodhanachikitsa* should be done repeatedly. Here we use *niruhabasti* as *sodhana* in which *pathyadikwath* (*Haritaki*, *bibhitaki*, *amalaka*, *kirattikta*, *guduchi*, *nimba*, *haridra*) is used, which have *kashaya-katurasatmakadravyas*; *kaphapittaharakarma* and effective on *rakta*, *mansaalong* with *majjavahastrotas*. So, daily

niruhabasti means daily *sodhana* and it is beneficial in Psoriatic arthritis (PsA).

Action of Oral medication

Manjishtha and other drugs in the *Manjishthadikwatha*¹³ have *raktaprasadaka* property due to its virtue of *tikta* and *katurasa* and *ushna guna*. So, blood purifier and immunomodulator *Manjishthadikwatha* helps to treat the scaly skin.

Simhanada guggulu is *kapha-vatahara*, *agnideepaka* and *amapachaka*. The contents of *Simhanada guggulu* may act as Disease Modifying Anti Rheumatic Drugs (DMARDS). It has analgesic and anti-inflammatory properties and it modify the immune response to autoantigens. Each ingredient of *Simhanada guggulu* alleviates *ama* and *vata* dosha in the body.¹⁴

*Kaishorguggulu*¹⁵ as the name suggests ‘*Kaishor*’ means improve lustre of the skin and its *anupana* is suggested in the *ayurvedic* classics as *ushnodaka*, *dugdha* or *Manjishthadikwatha* to enhance its *kushthaghnakarma*.¹⁶ *Kaishorguggulu* balances *pitta* and *kapha*, particularly when it affects musculoskeletal system. Its main ingredients – *guduchi*, *triphala* and *trikatu* – when combined with *Guggulu*, create a detoxifying and rejuvenating combination aimed primarily at removing deep-seated *pitta* from the tissues. In *dhatukshaya* (degenerative) condition at affected part, it also acts to nourish and strengthen the system, supporting the overall health.¹⁷

*Lelitakamakshika*¹⁸ have *gandhaka* & *makshika*. *Gandhaka* is *kaphavataghana*, *kushthaghna*. *Makshika* is *rasayan*. So, it is useful in Psoriatic arthritis (PsA).

Haridra, the primary component of *Haridrakanada*, has several qualities such as anti-inflammatory, anti-allergic, *tridoshaghna*, *varnya*, *kandughna*, and *kushthaghna*. Consequently, it benefits Psoriatic arthritis (PsA).

Action of Raktamokshana

Raktmokshana removes the vitiated *shakhatdosha* circulation in the blood through bloodletting.¹⁹ *Siravedha* is one of the para surgical procedures from ancient time. This procedure is one of the types of the *Raktamokshana* which are included under *panchakarma*. In *Shalyatantra*, *Siravedha* is considered as half of the treatment just like *basti* is considered as half of the treatment in *Kayachikitsa*. *Raktamokshana* is called ‘*ardhachikitsa*’ due to *ashrayashrayibhava* it acts on *pittadosha* too.²⁰

Patients have substantial improvement after 5 weeks of IPD and 6 months of OPD therapy, including decreased joint pain and stiffness, increased appetite, earlier bedtime, lessened itching, and cured constipation. Notable advancements are seen in social and psychological behaviour.

PATIENT PERSPECTIVE

The patient shared her perspective about the *Ayurveda* treatment in her local (Gujarati) language. She had severe itching, pain & stiffness, and stress at the time of presentation, while she was free from all the signs and symptoms at the end of treatment.

INFORMED CONSENT

Consent of the patient was obtained for the photographs and before reporting the case report for publication.

CONCLUSION

In the present case, the treatment protocol was adopted as per *Ayurvedic samprapti* and the treatment response was observed much earlier as compared to previous conventional treatment. No recurrence reported after the end of active treatment. The importance of a wholesome diet as a health promoter is also revalidated. *Sodhana* plays a major role in the elimination of *doshas*. The external and internal medications of Ayurveda help to correct the complex pathophysiology of Psoriatic arthritis (PsA). Symptoms were reduced by 70–80% after five weeks of IPD treatment and six months of OPD treatment. Altogether, multidimensional Ayurveda treatment led to speedy and substantial recovery from a chronic case of Psoriatic arthritis (PsA).

CONFLICTS OF INTEREST

There is no conflict of interest.

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