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Case Report

Ayurveda Section

Chronic Occupationally Exacerbated *Vipadika* (Palmar Psoriasis): A Case Report

RUTUJA SATISH IGHARE[1], SHITAL RAHUL RASANE[2], KIRTI BHAUSAHEB GAIKWAD[3], AISHWARYA RAMESH TAKAWANE[4]

ABSTRACT

Palmar psoriasis is a chronic, immune-mediated inflammatory dermatosis characterised by erythematous, hyperkeratotic, scaly lesions associated with pruritus and considerable impairment in quality of life. In Ayurveda, skin disorders are broadly classified under *Kushtha*, and based on its clinical manifestations, palmar psoriasis can be correlated with *Vipadika*. This case report describes the Ayurvedic management of a 29-year-old male shopkeeper who presented with persistent scaly plaques, severe itching, marked erythema, and hyperpigmentation involving both palms and the dorsum of the hands for the past four years. The diagnosis of palmar psoriasis was made on the basis of clinical presentation. Auspitz sign was negative, and the baseline Psoriasis Area and Severity Index (PASI) score was 15, indicating moderate disease severity. This reduced to three after treatment. The patient was treated with *Arogyavardhini Vati* (500 mg twice daily), *Patoladi Kashaya* (20 mL twice daily), *Panchatikta Ghrita* (20 mL on an empty stomach), *Gandhaka Rasayana* (125 mg twice daily), *Kaishor Guggulu* (500 mg twice daily), and *Bruhat Manjishtadi Kwatha* (20 mL twice daily). External applications included *Kushtarakshasa Taila* and *Tankan Bhasma* (purified borax powder), along with prescribed dietary and lifestyle modifications. Clinical assessment at the end of 57 days of active internal treatment, with a total observation and follow-up period of 144 days (~20 weeks), showed marked reduction in scaling, pruritus, erythema, and hyperpigmentation. The PASI score decreased significantly from fifteen to three. The findings suggest that a structured Ayurvedic polyherbal regimen combined with appropriate dietary and lifestyle interventions may offer an effective therapeutic approach for the management of psoriasis.

Keywords: Erythema, Hand dermatoses, Phytotherapy, Pruritus, Traditional medicine

CASE REPORT

A 29-year-old male shopkeeper presented with complaints of persistent scaly lesions associated with severe itching, erythema, and hyperpigmentation over the palmar and dorsal aspects of both hands for the past four years. The patient reported that repeated mechanical friction during routine occupational activities aggravated the itching and scaling affecting his daily work performance and accompanied by sleep disturbances. There was no history of diabetes mellitus, hypertension, previous dermatological disorders, addiction, or significant family history of similar complaints.

General examination revealed that patient was moderately built and nourished. Pulse rate was 80 beats per minute and blood pressure was 120/80 mmHg. Bowel and bladder habits were normal. Tongue examination revealed a mild whitish coating. No significant abnormalities were detected on systemic examination. Dermatological examination revealed multiple well-defined erythematous scaly plaques involving both palmar and dorsal surfaces of the hands. The skin was dry, rough, thickened, and hyperkeratotic and Auspitz sign was negative. Deep fissures and a few scattered pustular lesions approximately 1-4 cm in diameter were observed within the affected areas [Table/Fig-1].

Based on the clinical presentation, chronicity of symptoms, and characteristic morphology of the lesions, a diagnosis of palmar psoriasis was established. Disease severity was assessed using the PASI, which was recorded as 15 at baseline. From an Ayurvedic perspective, the clinical features showed resemblance to *Vipadika*, a subtype of *Kshudra Kushtha* described in the classical texts. Differential diagnosis was considered with *Kitibha Kushtha*, *Eka Kushtha*, and *Kapala Kushtha*; however, the predominance of fissuring, scaling, dryness, and palmar involvement supported the diagnosis of *Vipadika* [1].

[Table/Fig-1]: Clinical presentation of palmar psoriasis before treatment.

Multiple erythematous, hyperkeratotic, scaly plaques with fissuring and hyperpigmentation involving the palmar and dorsal aspects of both hands at baseline.

Therapeutic Intervention

The treatment protocol was administered in three sequential phases over a period of 57 days, with a total observation and follow-up period of 144 days (~20 weeks). The patient initially presented with itching, scaling, erythema, and hyperpigmentation involving the palmar and dorsal aspects of both hands. The timeline of clinical presentation and therapeutic intervention are detailed in [Table/Fig-2].

Date	Clinical presentation	Intervention	Duration*
31/07/2024	Itchy, scaly, erythematous patches and blackish hyperpigmentation over palm and dorsal side of hand.	Phase 1: Palliative Shaman Medication+ Topical Oil application+ diet regimen (Pathyapathya)	15 days
20/10/2024	Itching resolved. Persistent scaly, erythematous patches and hyperpigmentation over palm and dorsal aspect of hand.	Phase 2: Enhanced Palliative Shaman and Srotoshodhan therapy+ topical, dietary and lifestyle regimen	21 days
20/11/2024	Complete resolution of symptoms, mild blackish hyperpigmentation seen.	Phase 3: Rasayan and Maintenance internal Shaman medication +Topical + dietary and lifestyle regimen	21 days
22/12/2024	Complete resolution of all symptoms and improvement was maintained	Medicines were stopped. Advised for continuation of Dietary and lifestyle regimen.	-

[Table/Fig-2]: Timeline of clinical presentation and therapeutic intervention.
*The phase durations (15,21, and 21 days) represent the exact number of days the patient actively consumed the internal medications. The remaining days in the calendar intervals reflect real-world clinical realities, primarily due to the patient's delayed follow-up visits (such as the 81-day gap after Phase 1 caused by occupational and personal constraints) and standard clinic scheduling buffers.

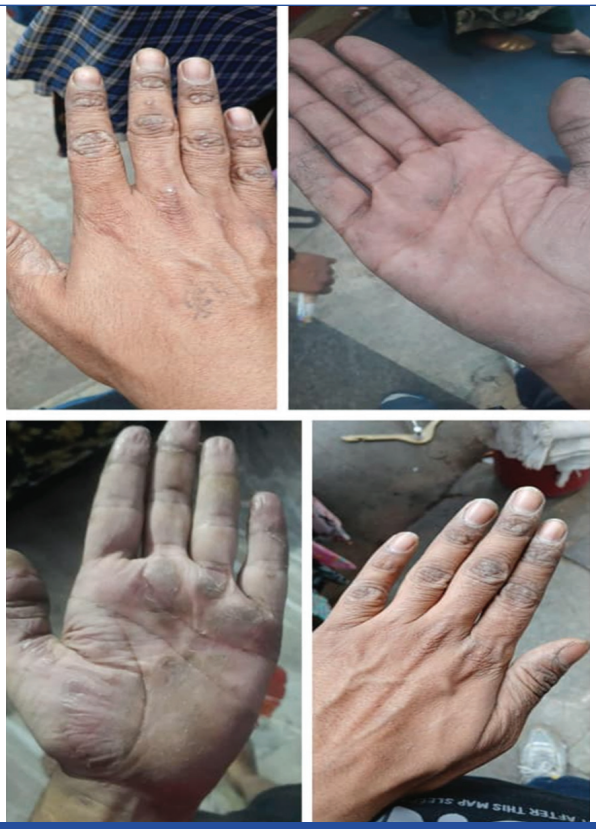
Phase 1- *Shaman Chikitsa* (Palliative Treatment)

At baseline, the patient presented with pruritic, scaly, erythematous lesions with fissuring and hyperpigmentation over the palmar and dorsal aspects of both hands. A 15-day *Shamana Chikitsa* regimen is given [Table/Fig-3].

S. No.	Polyherbal Medication	Ingredients	Dose and Method	Duration
1.	*Arogyavardhini Vati*	*Haritaki - Terminalia chebula, Bibhitaki - Terminalia bellerica, Amalaki - Emblica officinalis, Shuddha Shilajatu – Asphaltum, Shuddha Guggulu - Commiphora wightii, Chitraka moola - Plumbago zeylanica, Katuka (Kutaki) - Picrorhiza kurroa, Shuddha Parada - Purified Mercury, Shuddha Gandhaka - Purified Sulfur, Lauha Bhasma - Iron calx, Abhraka Bhasma - Mica calx*	500 mg BD (Twice a day) after meals	For 15 days
2.	*Patoladi Kashaya*	Patola - Trichosanthes dioica, Katurohini - Picrorhiza kurroa, Chandana - Santalum album, Madhusrava - Marsdenia tenacissima, Guduchi - Tinospora cordifolia, Patha - Cyclea peltata	20 mL *kashaya* + 20 ml water in morning BD (Twice a day) Empty stomach	For 15 days
3.	*Panchatikta Ghrita*	It is processed Ghee by *Kwatha* (Polyherbal Decoction) of following ingredients – Patola -Trichosanthes dioica, Nimba - Azadirachta indica, Vasa - Adhatoda vasica, Guduchi - Tinospora cordifolia, Kantakari - Solanum xanthocarpum	20 mL in morning empty stomach	For 15 days
4.	*Kushta Rakshasa* Oil (medicated oil) + *Tankan Bhasma* (Purified Borax Powder)	*Kushta Rakshasa* Oil (medicated oil) *shuddha Parad* - Purified Mercury, *Gandhak (Shuddha) – Sulphur, Kushta - Saussurea lappa, Saptaparna - Alstonia scholaris, Chitrak - Plumbago zeylanica, Sindura - Red oxide of Mercury, Rasona - Allium sativum, Haritala -Arsenic trisulphide, Bakuchi - Psoralea corylifolia, Aragwadha - Cassia fistula, Jeerna Tamra Bhasma - Processed Copper Calx, Manahshila - Arsenic disulphide, Katu Taila* – Medicated Oil	Local application at night	For 15 days

[Table/Fig-3]: Phase I treatment regimen -For 15 days.

Following Phase I treatment, complete resolution of itching was observed, although scaling, erythema, and pigmentation persisted [Table/Fig-4].



[Table/Fig-4]: Clinical improvement after Phase I treatment.

Phase II: *Shamana Chikitsa* and *Srotoshodhana* Therapy

As scaling, erythema, fissuring, and hyperpigmentation persisted after Phase I, a 21-day Phase II regimen comprising continued *Shamana Chikitsa* with the addition of *Srotoshodhana* Therapy was administered. The treatment details are presented in [Table/Fig-5].

At follow-up, complete resolution of erythema and fissuring was observed, with only mild residual hyperpigmentation remaining.

S. No.	Polyherbal medication	Ingredients	Dose and method	Duration
1.	*Arogyavardhini Vati*	*Haritaki - Terminalia chebula, Bibhitaki - Terminalia bellerica, Amalaki - Emblica officinalis, Shuddha Shilajatu – Asphaltum, Shuddha Guggulu - Commiphora wightii, Chitraka moola - Plumbago zeylanica, Katuka (Kutaki) - Picrorhiza kurroa, Shuddha Parada - Purified Mercury, Shuddha Gandhaka - Purified Sulfur, Lauha Bhasma - Iron calx, Abhraka Bhasma - Mica calx*	500 mg BD (Twice a day) after meal	For 21 days
2.	*Patoladi Kashaya*	*Patola - Trichosanthes dioica, Katurohini - Picrorhiza kurroa, Chandana - Santalum album, Madhusrava - Marsdenia tenacissima, Guduchi - Tinospora cordifolia, Patha - Cyclea peltata*	20 mL *kashaya* + 20 mL water in morning BD (Twice a day) Empty stomach	For 21 days
3.	*Gandhak Rasayan*	*Tvak - Cinnamomum zeylanicum, Sukshma Ela - Elettaria cardamomum, Tejpatra - Cinnamomum tamala, Nagkesara - Mesua ferrea, Guduchi - Tinospora cordifolia, Haritaki - Terminalia chebula, Bibhitaki - Terminalia bellirica, Amla - Emblica officinalis, Sunthi - Zingiber officinale, Bhringraj - Eclipta alba*	125 mg BD (Twice a day) with lukewarm water	For 21 days

4.	*Panchatikta Ghrita*	It is processed Ghee by *Kwatha* (Polyherbal Decoction) of following ingredients –*Patola -Trichosanthes dioica, Nimba - Azadirachta indica, Vasa - Adhatoda vasica, Guduchi - Tinospora cordifolia, Kantakari - Solanum xanthocarpum*	20 mL in morning empty stomach	For 21 days
5.	*Panchanimba Churna Haritaki Churna* (*Terminalia chebula* powder) + *Amalaki Churna* (*Emblica officinalis* powder)	*Nimba - Azadirachta indica, Haritaki - Terminalia chebula, Bibhitaki - Terminalia bellirica, Amalaki - Emblica officinalis, Shunthi - Zingiber officinale, Maricha - Piper nigrum, Pippali - Piper longum, Brahmi, Bacopa monnieri, Gokshura - Tribulus terrestris, Shuddha Bhallataka - Semecarpus anacardium, Chitraka - Plumbago zeylanica, Vidanga - Embelia ribes, Varahikanda - Dioscorea bulbifera, Guduchi Tinospora cordifolia, Haridra - Curcuma longa, Daruharidra - Berberis aristata, Bakuchi - Psoralea corylifolia, Aragvadha- Cassia fistula, Sharkara - Saccharum officinarum, Haritaki Churna - Terminalia chebula* powder, *Amalaki Churna - Emblica officinalis* powder	2 gm + 2 gm + 1 gm respectively with water after food	For 21 days
6.	*Kushta Rakshasa* Oil (medicated oil) + *Tankan Bhasma* (Purified Borax Powder)	*Kushta Rakshasa* Oil (medicated oil) *Suddha Parad* - Purified Mercury, *Gandhak (Shuddha) – Sulphur, Kushta - Saussurea lappa, Saptaparna - Alstonia scholaris, Chitrak - Plumbago zeylanica, Sindura - Red oxide of Mercury, Rasona - Allium sativum, Haritala -Arsenic trisulphide, Bakuchi - Psoralea corylifolia, Aragwadha - Cassia fistula, Jeerna Tamra Bhasma - Processed Copper Calx, Manahshila - Arsenic disulphide, Katu Taila* – Medicated Oil	Local application	For 21 days

[Table/Fig-5]: Phase II treatment regimen - for 21 days.

Phase III: Rasayana and Remission Maintenance Therapy

To maintain clinical remission and prevent recurrence, a 21-day *Rasayana* and remission maintenance regimen was administered. The treatment details are presented in [Table/Fig-6].

At the final follow-up, complete remission was maintained, with marked improvement in residual hyperpigmentation [Table/Fig-7]. The patient was advised to continue the prescribed dietary and lifestyle modifications.

Dietary and Lifestyle Regimen

The patient was advised to strictly follow the prescribed Dietary and lifestyle regimen throughout the treatment period.

Dietary Measures Recommended

Old rice, green gram, barley, bitter gourd, patola, bottle gourd, ridge gourd was recommended. Use of Ghee in moderate quantity, digestible soups, freshly prepares food.

Lifestyle Measures

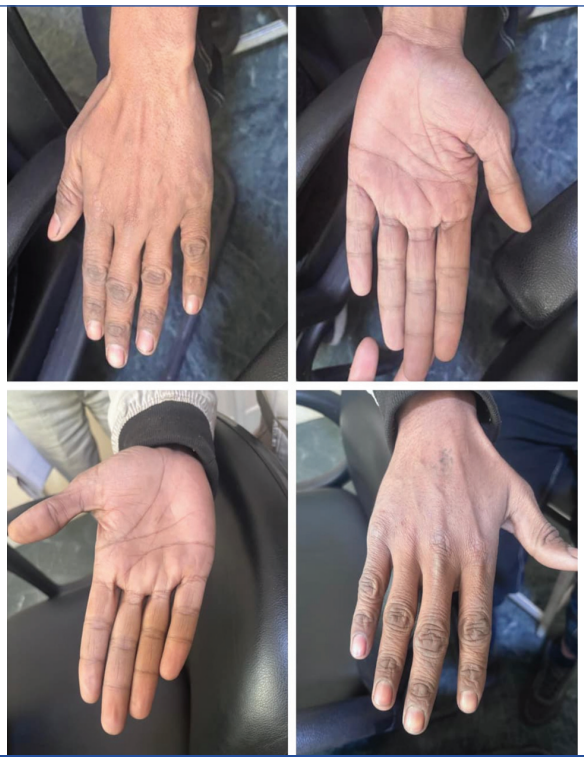
Maintenance of personal hygiene, regular bathing, practice of stress reduction techniques (meditation, pranayama), adequate sleep at night, regular bowel habits, following proper sleep-wake cycle was advised.

Dietary Restrictions

Patient was advised to strictly avoid incompatible foods, excessive intake of sour, salty, pungent, curd and fermented foods, bakery products, processed foods, pickles. Avoid non-veg, fried items, alcohol consumption, limit excessive salt, jaggery, and sesame-based items.

S. No.	Polyherbal medication	Ingredients	Dose and method	Duration
1.	*Bruhat Manjishtadi Kwath*	*Manjishtha - Rubia cordifolia, Guduchi - Tinospora cordifolia, Musta - Cyperus rotundus, Kutaja - Holarrhena pubescens, Sunthi - Zingiber officinale, Haridra - Curcuma longa, Daruharidra - Berberis aristata, Nimba - Azadirachta indica, Bharangi - Clerodendrum serratum*	20 mL BD after meal	For 21 days
2.	*Kaishor Guggulu*	*Guduchi - Tinospora cordifolia, Amalaki - Emblica officinalis, Bibhitaki - Terminalia bellirica, Haritaki - Terminalia chebula, Shuddha Guggulu - Commiphora mukul, Shunthi - Zingiber officinale, Maricha - Piper nigrum, Pippali - Piper longum, Vidanga - Embelia ribes, Trivrit - Operculina turpethum, Danti -Baliospermum montanum*	500 mg BD after meal	For 21 days
3.	*Panchatikta Ghrita*	It is processed Ghee by *Kwatha* (Polyherbal Decoction) of following ingredients –*Patola -Trichosanthes dioica, Nimba - Azadirachta indica, Vasa - Adhatoda vasica, Guduchi - Tinospora cordifolia, Kantakari - Solanum xanthocarpum*	20 mL in morning empty stomach	For 21 days
4.	*Haritaki Churna*	*Terminalia chebula* powder	5 grams night with lukewarm water	For 21 days

[Table/Fig-6]: Phase III treatment regimen - for 21 days.



[Table/Fig-7]: Complete remission of lesions with marked improvement in hyper-pigmentation.

Lifestyle Restrictions

Lifestyle restrictions included avoiding day sleep and late-night awakening, stress and sedentary lifestyle and exposure to extreme heat/sunlight, sudden temperature changes.

Follow-up and Outcomes

The patient's clinical progress was monitored through serial follow-up assessments and PASI scoring. A gradual reduction in disease severity was observed throughout period of active internal treatment at the end of 57 days, with a total observation and follow-up period spanning 144 days (~20 weeks), indicating near-complete clinical remission and a reduction in PASI score from 15 to 3 [Table/Fig-8].

Parameters	Baseline (31/07/2024)	1st Follow-up (20/10/2024)	2nd Follow-up (20/11/2024)	3rd Follow-up (22/12/2024)
Pruritus	Severe	Mild	Absent	Absent
Scaling	Severe	Moderate reduction	Absent	Absent
Fissures	Present	Mild	Mild	Absent
Blackish Hyperpigmentation	Present	Mild	Mild	Absent
PASI (Psoriasis Area And Severity Index) Score	15	9	5	3

[Table/Fig-8]: Follow-up assessment of clinical symptoms and PASI score.

DISCUSSION

The present case demonstrated marked clinical improvement in chronic palmar psoriasis following a structured phase-wise Ayurvedic treatment protocol incorporating *Shamana Chikitsa, Srotoshodhana*, and *Rasayana* principles along with dietary and lifestyle regulation. The patient had persistent pruritus, erythematous scaly plaques, fissuring, and hyperpigmentation for four years with repeated occupational friction aggravating local symptoms. Following treatment, complete remission of active lesions was achieved with reduction in PASI score from fifteen to three.

Comparable clinical outcomes with reduction in scaling, erythema, fissuring, and improvement in disease severity have also been reported in previously published Ayurvedic case reports on palmoplantar psoriasis (*Vipadika*). Contemporary literature heavily emphasises intensive bio-purification to achieve remission in *Vipadika*; for example, Lalwani A and Gupta R used classical *Virechana*, while Bhatted S et al., relied on *Raktamokshana* [2,3]. However, this study achieved complete remission (PASI 15 to 3) strictly through an oral *Shamana* protocol, avoiding the physiological stress of bloodletting. Demographically, this case targets a strong young adult, unlike the geriatric profiles managed by Bhatted S et al., [3]. Also, compared to the agrochemical triggers identified by Takle V et al., our patient's lesions were caused by constant occupational friction as a shopkeeper [4]. This induced a localised Koebner phenomenon that uniquely extended plaques onto the dorsum of the hands. Finally, while some studies [1,5] reclassify palmoplantar lesions under *Eka Kushtha*, this study retains the precise diagnosis of *Vipadika*, successfully managing localised pathology without broad-spectrum immunosuppressive strategies.

From an Ayurvedic perspective, the clinical presentation was suggestive of *Vipadika,* characterised by predominant involvement of *Vata* and *Kaph dosha*, with strong secondary involvement of *Pitta dosh*, leading to affection of *Rakta, Twak*, and *Mamsa Dhatu* [1,5]. Chronic dryness, fissuring, and discoloration indicate an established *Dosha-Dushya Sammurchhana*.

Pruritus was the earliest symptom to resolve and improved before scaling and pigmentation. Similar observations have been described in Ayurvedic management of *Vipadika*, where inflammatory and neurogenic symptoms responded earlier than chronic structural changes [5]. This response may have been explained by the Phase I regimen containing *Patoladi Kashaya* [6] and *Panchatikta Ghrita* [7] both predominantly *Tikta Rasa*-based formulations. *Tikta Rasa* is classically associated with *Kleda Shoshana*, *Rakta Prasadana*, and *Pitta Shamana*. *Guduchi* (*Tikta-Kashaya Rasa, Ushna Virya, Madhura Vipaka*) has demonstrated immunomodulatory and anti-inflammatory activities which reduce local inflammatory signalling [8]. *Katurohini* (*Picrorhiza kurroa*) possesses anti-inflammatory and antioxidant effects and contributing to reduction in cutaneous irritation and epidermal inflammatory burden. Integratively, this phase effectively reduced inflammatory neurocutaneous activation and interrupted the itch-scratch cycle [9].

Similarly scaling improved gradually during follow-up rather than immediately. This finding is clinically relevant because psoriatic scaling results from accelerated keratinocyte proliferation and altered epidermal differentiation with excessive accumulation of corneocytes within the stratum corneum. *Arogyavardhini Vati* (standard safety-tested formulation) [10] was continued during active treatment due to its classical actions of *Deepana, Pachana*, and *Ama Nirharana*. Its major ingredients predominantly exhibit *Tikta-Katu Rasa*, *Laghu-Ruksha Guna*, *Ushna Virya*, and *Katu Vipaka*, which restore metabolic equilibrium and reduce pathological *dushit Kaph* accumulation. This metabolic correction corresponds to gradual normalisation of epidermal turnover and improvement in hyperkeratosis [10].

Although itching subsided during Phase I, fissuring persisted and improved later, indicating incomplete restoration of epidermal barrier function. Deep fissuring in psoriasis reflects prolonged skin dryness, altered epidermal cohesion, and dominant *Vata Dushti*. Therefore, Phase II incorporated *Gandhak Rasayana* [11] and *Panchanimba Churna* [12] while maintaining baseline treatment. Similar incorporation of *Kushthaghna* and *Rakta-Shodhaka* formulations has been reported in previous palmoplantar psoriasis case reports. *Gandhak Rasayana* is traditionally described as *Rasayana*, *Tvachya*, and *Kandughna,* while *Panchanimba* formulations possess predominant *Tikta-Kashaya Rasa* and *Katu Vipaka*, supporting *Kleda Shoshana* and *Srotoshodhana* [11,12]. The reduction in fissuring observed after Phase II may therefore represent progressive restoration of epidermal continuity and local tissue recovery.

Hyperpigmentation persisted even after remission of active lesions and improved during the maintenance phase. This pattern represents slower post-inflammatory tissue remodeling compared with inflammatory resolution. Therefore, Phase III emphasised *Rasayana* and remission maintenance through administration of *Bruhat Manjishtadi Kwatha* [13] and *Kaishora Guggulu*. *Manjishtha (Rubia cordifolia)* (*Tikta-Kashaya Rasa, Ushna Virya, Katu Vipaka*) is traditionally indicated in *Rakta Dushti* and disorders associated with discoloration (*Vaivarnya*). Experimental studies have reported antioxidant, anti-inflammatory, and anti-melanogenic actions of *Rubia cordifolia*, which support dermal tissue recovery and normalisation of pigmentation [14]. *Haritaki* administered as mild *Nitya Virechana*, additionally supported sustained *Dosha Anulomana* and maintenance of remission [15].

External application of *Kushta Rakshasa oil* [16] with *Tankan Bhasma* (purifed borax powder) which possesses *Twak poshana* (skin nourishment) and *Vedanasthapana karma* (pain relieving action) appeared useful in improvement of generalised skin condition. Similar observations regarding external therapies have been described in earlier reports employing medicated oils, ghrita, or topical ayurvedic preparations for lesions. Dietary and lifestyle regulation constituted another essential component of treatment. Classical *Kushtha Chikitsa* strongly advocates *Nidana-Parivarjana* alongside pharmacological intervention. In the present case, avoidance of incompatible foods, fermented items, excessive salty-sour-pungent intake, processed foods, disturbed sleep, sedentary habits, and stress formed an integral therapeutic component. Such measures may have supported restoration of *Agni*, reduction of *Ama*, and prevention of further *Dosha* aggravation. Comparable emphasis on dietary compliance and behavioural correction has been reported in psoriasis and dermatological case studies managed through Ayurvedic therapy [17].

The sequential pattern of improvement observed in this case-early reduction in pruritus, followed by improvement in scaling and fissuring, and finally resolution of pigmentation-suggests that a phased Ayurvedic intervention act at multiple cellular levels including inflammatory regulation, epidermal turnover, barrier restoration, and tissue remodelling. Similar multidimensional responses have been described in previous Ayurvedic reports on palmoplantar psoriasis, although evidence remains limited to case-based observations. Larger controlled studies are required to validate reproducibility and establish therapeutic mechanisms.

CONCLUSION(S)

This case report illustrates the efficacy of structured polyherbal protocol across three phases in resolving chronic palmar psoriasis, reducing the PASI from fifteen to three over 144 days (~20 weeks.) Internal medications targeting *Kapha-Pitta* detoxification, paired with topical oils and strict dietary and lifestyle regimen (*Pathyapathya*), successfully restored skin integrity, eased itching, scaling, and deep fissures while boosting life quality over a 144 day (~20 weeks) of total observation period. Such integrated care offers a sustainable alternative for immune-driven disorders, minimising recurrence through *dosha* equilibrium and *Agni* enhancement. Further studies could validate broader application.

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PARTICULARS OF CONTRIBUTORS:

1. MD Scholar, Department of Ayurved Samhita Evam Siddhant, Dr. D Y Patil College of Ayurved and Research Centre, Dr. D Y Patil Vidyapeeth (Deemed to be University), Pimpri Pune, Maharashtra, India.
2. Professor, Department of Ayurved Samhita Evam Siddhant, Dr. D Y Patil College of Ayurved and Research Centre, Dr. D Y Patil Vidyapeeth (Deemed to be University), Pimpri Pune, Maharashtra, India.
3. MD Scholar, Department of Kriya Sharir, All India Institute of Ayurveda, New Delhi, India.
4. MD Scholar, Department of Ayurved Samhita Evam Siddhant, Dr. D Y Patil College of Ayurved and Research Centre, Dr. D Y Patil Vidyapeeth (Deemed to be University), Pimpri Pune, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:
Shital Rahul Rasane,
Professor, Department of Ayurved Samhita Evam Siddhant, Dr. D Y Patil College of Ayurved and Research Centre, Pimpri, Pune-411018, Maharashtra, India.
E-mail: shital.rasane@dpu.edu.in

PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Apr 10, 2026
- Manual Googling: Jun 16, 2026
- iThenticate Software: Jun 18, 2026 (1%)

ETYMOLOGY: Author Origin

EMENDATIONS: 7

AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. Yes

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