

Case Report



Successful management of Erythrodermic Psoriasis: A rare clinical case report

¹Rajeshwari V Kamat, ²Vijaykumar S Kamat, ³Vidya P Gani

ABSTRACT:

Background – Among Psoriasis, Erythrodermic psoriasis is an uncommon condition with a prevalence of 1%–2.25%. It is a life-threatening condition where 75% of the body surface is affected. It damages the skin's protective barrier and interferes with temperature regulation. Frequently, the outer layer of the skin shows severe burning, redness, swelling and is coated with a thick, scaly sheet. Patients may experience intense itching, pain, along with dehydration, electrolyte imbalance, hair loss, dandruff and even heart failure. **Clinical Findings** – A female of 31 Years presented with generalized erythema, scaling, purulent discharge, along with fever, malaise, pedal oedema, hair fall and nail changes. Dermatological examination revealed that over 70% of the whole body was afflicted by this chronic condition, which lasted for about two years. The Psoriasis Area and Severity Index (PASI) score of 51.2 was observed in the patient, which is calculated manually. Psychosocially, the illness caused social disengagement, anxiety, low self-esteem and mood disorders. **Intervention** – *Kaishora Guggulu DS, Gandhaka Rasayana, Panchatikta Ghruta Guggul, Tab. D-Sora, Tab. Swayambhuva Guggul, Brihat Manjistadhi Kwatha and Tab. Sumanas* were given internally. *Neelibringadi Taila, Psoria Oil, Psoralin Oil and Psora Soap* were given for external application along with dietary changes and supportive care. **Follow-up and Outcome** – During the first week, there were noticeable reductions in erythema, skin irritation and discharge. By the second month, scaling and oedema had decreased, and by the seventh month, hair and nail health had returned and the PASI score had dropped to 1.5 from 51.2. The patient's condition completely improved and her confidence was restored. **Conclusion** – *Ayurvedic shamana chikitsa* was used to treat a chronic two-year case of Erythrodermic psoriasis using various internal and external medications over a period of time, with a strict *Pathya-Apathya* regimen to achieve overall healthy wellbeing within 7 months. This illustrates that *Ayurveda* can be a safe and comprehensive approach in managing chronic erythrodermic psoriasis.

KEYWORDS: Ayurveda, Case report, Dermatological condition, Erythrodermic Psoriasis (EP), *Kitibha Kushta*, Purulent discharge, Scaling.

RECEIVED ON:

07-11-2025

REVISED ON:

13-11-2025; 04-12-2025

ACCEPTED ON:

06-12-2025

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v13i11.2413>

Corresponding Author Email:

drrajeshwarikamat@gmail.com

CITE THIS ARTICLE AS

Rajeshwari V Kamat, Vijaykumar S Kamat, Vidya P Gani. Successful management of Erythrodermic Psoriasis: A rare clinical case report. *Journal of Ayurveda and Holistic Medicine (JAHM)*.2025;13(11):95-104



1. INTRODUCTION

Psoriasis is a long-term immune-mediated inflammatory skin condition characterised by erythematous patches that itch, burn and occasionally develop pustules or blisters. [1] It causes patients and their families to experience mental distress, social rejection and stigma in addition to physical deformity. [2] The estimated prevalence rate worldwide is 2 to 3%. In India, the prevalence in adults varies from 0.44 to 2.8%. [1] Even though several treatment alternatives, including systemic medications, dermal agents, phototherapy, and biologics, offer supportive care, none of them offer a permanent cure, and long-term use frequently causes side effects and morbidity. [1]

One of the rarest and most severe types is Erythrodermic psoriasis (EP). This affects almost the whole body and presents symptoms such as malaise, fever, electrolyte imbalance, scaling, pruritus, erythema, and oedema. Due to complications like dehydration, infection & heart failure, it carries a high mortality of up to 9%. Immunosuppressants, systemic corticosteroids, and other medications used in mainstream medicine may offer short-term comfort and management, but they are typically linked to toxicity, high costs, and relapse.

Psoriasis is associated with a similar condition in *Ayurvedic* classics, characterized by *Vata-Kapha Dosh*a dominance, with *Rakta Dhatu* involvement, namely *Kitibha Kushta*. [3] *Kitibha kushta* is characterized by scaly, rough, erythematous patches that cause intense itching. [4] To remove vitiated *doshas* [5], management emphasizes repeated *Shodhana and Shamana*, followed

by *Rasayana Prayoga* (rejuvenation therapy) and lifestyle changes. [5][6] *Gandhaka Rasayana, Kaishora Guggulu DS* and other such formulations are recommended for the action in immune modulation and detoxification. [7]

The successful *Ayurvedic* treatment of a rare life-threatening case of erythrodermic psoriasis, with only multi-modal *Shamana Aushadhi*, which was combined with antimicrobial, keratolytic, immune-modulatory, and anti-inflammatory preparations along with nutritional support and topical scalp therapy, is what makes this case report unique. Surprisingly, the patient received full outpatient care without being admitted to the hospital.

2. CASE REPORT

A 31-year-old female patient presented with generalized redness, purulent discharge and scaling of skin with duration of 2 years associated with intense itching, burning sensation, fever, chills, malaise, and oedema in the extremities with joint pain. There is no history of drug reactions. Other systemic illnesses like diabetes, hypertension, HIV and liver/kidney disease were not present. The chronic course of illness had significant social and psychological repercussions. The patient reported emotional distress, irritability, and insomnia due to persistent itching and disfigurement. Social interactions and workplace attendance were reduced because of stigma and embarrassment. The family history was also not significant in the patient's disorder or autoimmune diseases. These clinical findings were noted (Table 1). The patient was under medication from the allopathic system. Initially, there was temporary

relief, but the condition worsened gradually. This was treatment.
the reason why the patient approached for *Ayurvedic*

Table 1: Clinical findings

Sl. No.	Category	Findings
1.	Vitals	Temperature – 99°F ; Heart rate – 100/min ; Blood pressure – 140/90 mmHg Pallor – Moderate ; Oedema – Pedal oedema ; Hydration – Poor
2.	Systemic Examination	CVS – Tachycardia Respiratory – No crepitations Abdomen – Mild hepatomegaly noted on palpation CNS – Irritability, altered sensorium was noted
3.	Dermatological Examination	More than 70% of the body was affected by psoriasis. There was diffuse erythema with scaling Lesion type: Raised Scaly Patches Configuration: Irregular Color: Reddish Symmetry: symmetrical distribution Distribution: Both ventral & dorsal parts of the upper arm, lower limbs, trunk and head Nail changes were observed Shedding of Hair was a complaint by the patient Mucosal involvement presents in the buccal mucosa and lips
4.	Psychological and Social Assessment	Disturbed mood, social withdrawal, anxiety, reduced confidence, sleep disturbance
5.	PASI (Psoriasis Area and Severity Index) & DLQI (Dermatology Life Quality Index) Score	PASI was manually calculated as: $PASI = 0.1(E_h + I_h + S_h)A_h + 0.2(E_u + I_u + S_u)A_u + 0.3(E_t + I_t + S_t)A_t + 0.4(E_l + I_l + S_l)A_l$ Total PASI = 51.2 DLQI – 25 with questionnaire.

Diagnostic challenge and Differential diagnosis

The diagnosis of erythrodermic psoriasis is challenging as its presentation overlaps with exfoliative dermatoses and even secondary infection, systemic symptoms and drug-induced eruptions may confound the diagnosis.

Confirmation was based on chronicity, characteristic nail and scalp changes and previous psoriatic lesions. Differential diagnoses have been mentioned related to the condition (Table 2).

Table 2: Differential Diagnosis

Differential diagnosis	Inclusion	Exclusion
Atopic Dermatitis	Intense itching, chronic relapsing	No atopic history, lesions not limited to flexures, presence of thick scaling and nail involvement
Seborrheic Dermatitis	Greasy yellowish scales on scalp, face, mild erythema	Purulent discharge is absent in seborrheic dermatitis, systemic symptoms (fever, malaise)
Drug-induced Erythroderma	Acute onset after drug exposure, rapid progression, resolution after withdrawal.	No recent drug history before onset, chronic course of 2 years, persistent symptoms despite stopping prior medication.

Intervention & Timeline

The first action was to make the patient stay near the hospital for 1 week for close monitoring. Actions were to stabilize vitals, manage fluid and electrolyte balance.

Application of tepid sponging and wet dressing for symptomatic relief of temperature was advised. Special care was taken to prevent hypothermia. A detailed plan of treatment was administered (Table 3).

Table 3: Specific treatment given along with Timeline, Medication, Dosage and Anupana

Date	Complaints	Medications	Dosage and Anupana
04/06/2018	Thick scaling along with Redness all over the body with purulent discharge.	<i>Tab. D-sora.</i> (Revinto Life Science. Batch No. R18057) <i>Psoria Oil.</i> (Nagarjuna Ayurveda. Batch No. RLRA) <i>Tab. Kaishora guggulu DS.</i> (SDM Pharmacy, Udupi. Batch no. 170937)	1 tab TDS × 2.5 months 5 ml OD external application × 2.5 months 1 tab BD with <i>Guduchi Kashaya</i> × 2.5 months
06/06/2018	Dryness and itching were present.	<i>Tab. Gandhaka Rasayana.</i> (SDM Pharmacy, Udupi. Batch No. 170945) With previous medicines	250mg tab BD × 2.5 months with milk
10/06/2018	Moderate Dryness and itching all over the body associated with hair fall and dandruff, occasionally feeling sad and disturbed mood	<i>Tab. Swayambhuva Guggul.</i> (SDL. Batch No. DU271702) <i>Tab. Sumanas.</i> (Pavaman Pharmaceutical. Batch No. JA-617)	1 tab TDS × 2.5 months 2 OD × 15 days
22/08/2018	Dryness, Itching, and headache persisted.	<i>Tab. Panchatikta Ghruta Guggul.</i> (SDL. Batch No. DL23704) <i>Sarivadyasava.</i> (ALVA Pharmacy. Batch No. GAS 06.) <i>Neelibringadi taila.</i> (ALVA Pharmacy.	500mg BD × 1.5 months with warm milk 15 ml BD × 1.5 months

		Batch No. DTL02)	External Application
02/10/2018	Mild Itching, Dryness and headache persisted.	<i>Brihat Manjistadhi Kwatha.</i> (Zandu. Batch No. FL0004) <i>Psoralin oil.</i> (Dr. JRK's Research and Pharmaceutical. Batch No.52/17) <i>Psora soap.</i> (Ayulabs. Batch PA1704)	15ml BD × 1.5 months diluted with an equal quantity of water External Application External Application
26/11/2018	There was Hair fall, occasional itching and acidity.	<i>Brihat Manjistadhi Kwatha.</i> (Zandu. Batch No. FL0004) <i>Psoralin oil.</i> <i>Psora soap.</i>	15ml BD diluted with an equal quantity of water External Application External Application
09/01/2019	Complaints of mild dryness and itching were restricted to the ankle joint.	<i>Psoralin oil.</i> <i>Psora soap.</i>	External Application External Application

Supplements

High-protein diet with sprouts of legumes was advised to compensate for metabolic loss. Mineral supplementation with tender coconut water was

advised to maintain water and electrolyte levels.

Psychological support with medicines and counselling was provided.

Table 4: Follow-up and Outcome

Date	Complaints	Improvement
04/06/2018	Thick scaling along with Redness all over the body with purulent discharge.	PASI – 51.2 DLQI – 26
06/06/2018	Dryness and itching were present.	Redness and discharge were reduced by 20%. PASI – 46.7 DLQI – 26
10/06/2018	Moderate Dryness and itching all over the body associated with hair fall and dandruff, occasionally feeling sad and a disturbed mood	Redness reduced by 40%, Dryness and itching all over the body reduced by 30% PASI – 43.7 DLQI – 23
22/08/2018	Dryness, Itching, and headache persisted.	Purulent discharge was reduced by 70% along with redness by 40% PASI – 33 DLQI – 16
02/10/2018	Mild Itching, Dryness and headache persisted.	Itching and dryness were reduced by 50% along with

		redness by 60% PASI – 23.4 DLQI – 12
26/11/2018	Mild Hair fall persisted, occasional itching and acidity.	All major symptoms were reduced by 70% along with a reduction in redness by 80% PASI – 12.5 DLQI – 9
09/01/2019	Complaints of mild dryness and itching were restricted to the ankle joint.	Complete relief from Erythrodermic Psoriasis was seen along with a reduction in redness all over the body and purulent discharge. PASI – 1.5 DLQI – 2

Adherence and Tolerance

The patient showed good adherence to the prescribed intervention throughout 7 months, along with *Pathya Apathya*. Weekly telephonic interaction with the patient and their relative regarding the condition, tablet count, external applications and *Pathya Apathya* was done to

confirm the medicine adherence and any drug or food intolerance. During the course of 7 months, there were no adverse effects of drug intolerance, GI upset and allergic reactions reported. Regular follow-up ensured medications were well-tolerated with no drug reaction.





Fig. 1: Baseline and follow-up A) Before Treatment, B) & C) During the Course of Treatment, D) After Completion of the Treatment

3. DISCUSSION

Psoriasis is an immune-mediated inflammatory chronic systemic disease characterized by a dysregulated cytokine network, involving the TNF α / IL-23 / IL-17 axis and keratinocyte hyperproliferation. The erythrodermic pattern, even though affecting only 1%–2.25% cases, is the most rare, severe form that is fatal due to hypothermia, barrier dysfunction, electrolyte imbalance, sepsis and dehydration. [8] In *Ayurveda*, the correlation of psoriasis is with *Kushta Roga*, specifically *Kitibha Kushta*, the conditions predominantly involving *Vata Dosha & Kapha Dosha* with vitiation of *Rakta Dhatu*. The scaly, rough, erythematous patches associated with severe itching are the characteristic features of *Kitibha Kushta*. [4] *Viruddha Ahara* and a faulty lifestyle lead to *Agni Mandya*, resulting in *Ama*. *Ama* spreads overall in the body, does *Avarana* in *Rakta Dhatu* as well as *Twak*, leading to *Srotorodha*, causing *Shyavavivarna* (blackish discoloration), *Kharatva* (roughness), *Aruna Varna* (Erythema) & *Dhatu Kshaya*, which is close with modern concepts of systemic inflammation & immune irregularities. [9]

Contemporary management includes methotrexate, systemic corticosteroids, retinoids, cyclosporine, biologics such as secukinumab & infliximab. These therapies are effective in managing inflammation, but are associated with nephrotoxicity, hepatotoxicity, immunosuppression and recurrent relapses on withdrawal. The Classical management highlights *Shamana* (palliation), *Shodhana* (purification) and *Rasayana* (rejuvenation). However, in acute cases or debilitated cases, *Shamana Chikitsa* is given priority, as seen in this case.

In the initial phase during the 1st consultation (Fig. 1. A) & Table no. 3) Tab. *D-sora* was given as the herbs in it have anti-proliferative & anti-inflammatory properties. It also controls psoriasis by reducing T-lymphocyte autoimmune proliferation along with the reduction of itching & dryness of skin. The *Psoria oil* key ingredient is *Shweta Kutaja*, which is anti-inflammatory and anti-pruritic. [10] These medicines reduce the erythema, redness and purulent discharge. *Kaishora Guggulu DS* with *Guduchi Kashaya*, clears *Rakta Dushti* & systemic inflammation as it has properties such as *Pitta & Kapha*

Shamana, Rakta Shodhana, Kushtahara, anti-microbial, wound healing, etc. and also does modulation of T-cell responses encompassing Th17 pathways implicated in psoriasis. Terpenoids & Guggulsterones in *Guggulu* show antioxidant effects, anti-inflammatory and may modulate NF-κB signaling, pro-inflammatory cytokines provide a reduction in erythema. [11] As the dryness & itching persisted further, Tab *Gandhaka Rasayana* was given with milk as *Anupana* as it is the best *Rasayana* for *Kushta & Twakvikara* that acts on the *Pitta Kapha Dosha*, reduces *Kandu* (itching), *Daha* (burning) by the action of keratolytic, anti-inflammatory and immunomodulatory. Sulphur-containing formulations show the above properties that benefit chronic skin disease. *Vataja* symptoms of Dryness & Hair fall are concentrated by prescribing Tab. *Swayambhuva Guggul*. This is beneficial in *Kushta* and acts as *Rakta Shodhana* (blood purifier) by anti-inflammatory action via NF-κB modulation. Tab. *Sumanas* targets *Manasika bhava* by reducing stress & mood disturbance, as patient complaints were related to it. [12] Since itching persisted (Fig. 1. B) Table no. 3) Tab. *Panchatikta Ghruta Guggul* was given, as *Kandu* is due to *Kapha* and *Rakta Dushti* and this formulation is *Kaphahara* and *Raktashodhaka*, while *Ghruta* acts as *Yogavahi* that soothes *Daha* & itching. *Sarivadyasava* is also used for *Raktaprasadaka Karma*. *Neelibringadi taila* restores hair fall and scalp health, *Keshya*, anti-inflammatory, anti-fungal, reduces dandruff, strengthens hair & reduces shedding. There was a significant reduction in erythema and purulent discharge, reflecting improvement in *Rakta dushti* (vitiation of blood).

[13][14] As itching, dryness & headache persisted (Fig. 1. C) & Table no. 3) *Brihat Manjistadhi Kwatha* was prescribed as the active ingredients in this formulation have antihistaminic, anti-pruritic properties that reduce immune hypersensitivity and decrease psoriatic itching. *Manjistha* is a *Raktashodhaka* used for ulcerative lesions and chronic skin disease. *Psoralin oil* and *Psora soap* were given as external support for dryness and itching. They act by reducing keratinocyte hyperproliferation and lesions. [15] Since there was persistent mild itching, hair fall and acidity (Fig. 1. D) *Brihat Manjistadi Kwatha*, *Psoralin oil*, *Psora soap* were continued. The Probable mode of action as per *Ayurveda* is given in the flow chart (Diagram 1).



Diagram 1: Probable Mode of Action Flow Chart

4. CONCLUSION

This case shows the effective way of managing a chronic patient with a two-year history of Erythrodermic psoriasis with a PASI score of 51.2 and DLQI of 26, treated using the principles of *Ayurvedic Shamana Aushadhi*, followed by a strict adherence to *Pathya-Apathya* for overall well-being. During the first week, there were noticeable reductions in erythema, skin irritation and discharge. By the second month, scaling and oedema had decreased, and by the seventh month, hair and nail health had returned. The patient's condition completely improved and her confidence was restored. The total duration of the treatment was 7 months and the patient showed a gradual reduction of the PASI score to 1.5 and the DLQI score to 2. The main outcome of this treatment was the restoration of normal skin and the reduction of discharges without scarring of the skin. No serious adverse effect was noted in the course of treatment. An important message is that immune-mediated inflammatory systemic diseases are difficult to cure and *Ayurveda* provides safe, holistic care in complicated dermatological conditions with cost-effective medications without the need for hospitalization. This can be economically easily reproducible on an OPD basis. Though in the future, large studies can be conducted in Black box design for research, this case stands to support *Ayurvedic* treatment principles for the management of such a variant of Psoriasis, similar to *Kitibha Kusta*.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including

accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - Patient experienced satisfactory changes, which also improved her quality of life.

Authors Details:

^{1*} Professor, Department of Rasa Shastra & Bhaishajya Kalpana, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi

² Ayurvedic consultant & Director & Lead Formulation Department LYBL, Health Care Technology India Pvt Limited, New Delhi

³ Post Graduate Scholar, Department of Swasthavritta & Yoga, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi

Authors Contribution:

Conceptualization and clinical management: RVK, VSK, VPG

Data collection and literature search: VSK, VPG

Writing original draft: VPG

Reviewing & editing: RVK, VSK

Approval of final manuscript: All authors

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information:

Authors can order reprints (print copies) of their articles by visiting: <https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

Publisher's Note:

Atreya Ayurveda Publications remains neutral with regard to jurisdictional claims in published maps, institutional affiliations, and territorial designations. The publisher does not take any position concerning legal status of countries, territories, or borders shown on maps or mentioned in institutional affiliations.

REFERENCES:

1. Dogra S, Mahajan R. Psoriasis: Epidemiology, clinical features, co-morbidities, and clinical scoring. *Indian Dermatol Online J.* 2016;7(6):471. doi: [10.4103/2229-5178.193906](https://doi.org/10.4103/2229-5178.193906)
2. Mattei PL, Corey KC, Kimball AB. Psoriasis Area Severity Index (PASI) and the Dermatology Life Quality Index (DLQI): the correlation between disease severity and psychological burden in patients treated with biological therapies. *Acad Dermatol Venereol.* 2014 Mar;28(3):333–7. <https://doi.org/10.1111/jdv.12106>
3. Raju NN, Kamalakar PS, S D, Tripathy t. Management of kitibha kushta (psoriasis): a case study. *Int J Res Ayurveda Pharm.* 2017 Mar 1;8(1):72–6. <https://doi.org/10.7897/2277-4343.08115>
4. Abhilesh VS, Prathibha CKB, Anandaraman PVS. Management of Erythrodermic Psoriasis through Ayurveda – A Case Report. *TPJ.* 2021 Sept;25(3):1–9. <https://doi.org/10.7812/TPP/20.221>
5. Vaidya HP, editor. Commentary Ayurveda Rasayana by Hemadri and Sarvanga Sundara by Arunadatta on Ashtanga Hridayam of Vagbhata. *Chikitsasthana*, chapter 19, verse no. 96, Varanasi; Chaukamba orientalia: 2010; 718.
6. Mehta C, Dave A, Shukla V. Comparative effect of Navayasa Rasayana Leha and Medhya Rasayana tablet along with Dhatriyadhyo Lepa in Ekkakushta (psoriasis). *AYU.* 2013;34(3):243. <https://doi.org/10.4103/0974-8520.123103>
7. Bismi HB, Sharma AR, Prathibha CK. Manibhadraguda shodhana rasayana in psoriasis. In: *Best practices in Panchakarma. Wardha: Datta Meghe Institute of Medical Science; 2017. p. 79-92.*
8. Griffiths CEM, Armstrong AW, Gudjonsson JE, Barker JNWN. Psoriasis. *Lancet.* 2021;397(10281):1301-1315. DOI: [10.1016/S0140-6736\(20\)32549-6](https://doi.org/10.1016/S0140-6736(20)32549-6)
9. Deshmukh S, Thakre T, Naukarkar PR, Pardhekar A. Ayurvedic Management of Kitibhakushta (Guttate Psoriasis) – A Case Report. *Journal of Pharmacy and Bioallied Sciences.* 2024 Dec;16(Suppl 4):S4155–7. DOI: [10.4103/jpbs.jpbs.852.24](https://doi.org/10.4103/jpbs.jpbs.852.24)
10. Singhal P, Sharma S. Anti-Psoriatic effect of Wrightia Tinctoria (Shweta Kutaja): A Review Study. *Int J Appl Ayurved Res.* 2018 Mar-Apr;3(7):1104-1110. <https://www.ijaar.in/index.php/journal/article/view/548>
11. Nille GC, Bhuyan M, Gupta LN, Chaudhary AK. Safe and effective management of psoriasis through Ayurveda: A case report. *Journal of Ayurveda and Integrative Medicine.* 2025 Mar;16(2):101091. <https://doi.org/10.1016/j.jaim.2024.101091>
12. Heena Kaushik, Brijender Singh Tomar, Satbir Kumar Chawla. Role of Gandhak Rasayan in Kshudra Kushtha - A Review Article. *J Ayurveda Integr Med Sci.* 2024 May 6;9(3):168–72. <https://jaims.in/jaims/article/view/3177>
13. Lokhande S, Patil S, Parshurami s. Efficacy of panchatikta ghrith guggul in the management of mandal kushtha with special reference to psoriasis. *Int j res ayurveda pharm.* 2016 sept 17;7(4):94–6. DOI: [10.7897/2277-4343.074163](https://doi.org/10.7897/2277-4343.074163)
14. Vashishtha, Neha Meena, Mohar Pal Meena. Review on Nilibhringadi Taila: An Effective Keshya Medication. *ayush.* 2023 Jan 15;111–4. <https://doi.org/10.47070/ayushdhara.v9i6.1103>
15. Amruthavalli. G. V, Aruna V, Gayathri R. Clinical trial of combination therapy for the efficacy, safety, tolerability and improvements in quality of life in patients with moderate to severe plaque psoriasis. *Int J Clin Trials.* 2018 July 24;5(3):121. <https://doi.org/10.18203/2349-3259.ijct20183180>