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ROLE OF *SHODHANA CHIKITSA* IN THE MANAGEMENT OF BULLOUS PEMPHIGOID WITH SPECIAL REFERENCE TO *VISHPHOTA*: A CASE REPORT

Dr. Megha K.[1], Prof. Dr. Atal Bihari Trivedi[2], Dr. Soumitri Sahoo[3]

[1]PG Scholar, Department of Kayachikitsa, Chaudhary Brahm Prakash Ayurved Charak Sansthan, Delhi, India.

[2]Professor, Department of Kayachikitsa, Chaudhary Brahm Prakash Ayurved Charak Sansthan, Delhi, India.

[3]PG Scholar, Department of Kayachikitsa, Chaudhary Brahm Prakash Ayurved Charak Sansthan, Delhi, India.

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***Corresponding Author**

Dr. Megha K.

PG Scholar, Department of Kayachikitsa, Chaudhary Brahm Prakash Ayurved Charak Sansthan, Delhi, India.

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ABSTRACT

Background: Bullous pemphigoid (BP) is a chronic autoimmune blistering disease characterized by pruritus and the formation of tense bullae. In Ayurveda, it may be correlated with the condition of *Visphoṭa*. *Shodhana Chikitsa*, particularly *Virechana*, is recommended for the management of certain diseases caused due to *Pitta* and *Rakta* vitiation. **Objective**: To discuss the role of *Shodhana Chikitsa* in a case of bullous pemphigoid and observe the clinical response. **Methods**: A 63-year-old male patient, who had been suffering from generalized itching, red rashes, and oral blisters for the past seven years, was enrolled at Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi. The patient had positive BP180 antibodies. The patient was managed with *Deepana-Pachana*, *Snehapan*, *Abhyanga*, *Swedana*, *Virechana*, *Samsarjana Krama*, and *Rasayana Chikitsa* with *Gandhaka Rasayana*. Subjective assessment data and Bullous Pemphigoid Disease Area Index (BPDAI) were used to evaluate the response to treatment. **Results**: The patient's itching, redness, and blister formation were reduced, with the scores decreasing from 4 to 2, 3 to 1, and 2 to 0, respectively. The patient's discharge was also observed to be diminished, although the

healing of wounds was partially observed. The total score of the patient according to the BPDAI was reduced from 38 to 18, which is a 52.6% decrease. The skin blister/erosion, skin urticaria/erythema, and mucosal blister/erosion scores were also reduced. **Conclusion**: It can be concluded that the treatment procedure helped reduce some of the signs and symptoms of BP along with the patient's BPDAI score. However, due to the nature of the study, no conclusion can be drawn regarding the treatment's efficacy or the modification of the disease.

KEYWORDS: Autoimmune Disorder, Bullous Pemphigoid, *Shodhana Chikitsa*, *Vishphota.*

INTRODUCTION

Bullous pemphigoid (BP) is a chronic autoimmune subepidermal blistering disorder characterized by the development of tense bullae, commonly affecting the elderly population. It is associated with autoantibodies directed against hemidesmosomal proteins, particularly BP180 and BP230, resulting in separation of the epidermis from the underlying dermis.[1] The condition may present with intense pruritus, erythematous lesions and widespread blister formation, potentially affecting the patient's quality of life. Although modern medicine offers treatment options such as systemic and topical corticosteroids and other immunomodulatory agents, prolonged treatment may be associated with adverse effects, particularly in elderly patients.

In Ayurveda, blistering skin disorders may be understood through the clinical features described under *Visphoṭa*, a condition characterized by the development of vesicles or blisters associated with the vitiation of *Doṣas* and *Rakta*. According to the descriptions in Ayurvedic classics, *Visphoṭa* may manifest in localized areas or involve extensive regions of the body. Its etiopathogenesis involves the aggravation of *Doṣas*, particularly under the influence of inappropriate dietary habits, excessive intake of pungent, sour, hot and penetrating substances, exposure to sunlight and other causative factors. These factors are described as contributing to the vitiation of *Rakta* and other *Dhātus*, ultimately resulting in the manifestation of vesicular lesions preceded or accompanied by fever.[2] Acharya Charaka described Visphota as vesicular eruptions with whitish or reddish coloration and thin overlying skin.[3] Acharya Vagbhata also described similar clinical features.[4] However, both texts provide only a brief description, whereas Madhava Nidana elaborates on the etiology, pathogenesis and clinical presentation of Visphota in greater detail.

Visphoṭa is classified into eight types based on *Doṣic* predominance: *Vātaja, Pittaja,*

Kaphaja, Kapha-Pittaja, Vāta-Pittaja, Vāta-Kaphaja, Raktaja and Sannipātaja. The clinical features vary according to the predominant *Doṣa*. *Pittaja* and *Raktaja* manifestations are particularly described in association with burning sensation, pain, erythema and exudation, whereas other varieties may present with itching, stiffness, heaviness or severe pain.[5] These descriptions provide a framework for interpreting blistering skin disorders through the Ayurvedic principles of *Doṣa-Dūṣya* involvement and *Samprāpti*.

The Ayurvedic management of such conditions emphasizes the correction of *Doṣic* imbalance, the elimination of vitiated *Doṣas* when indicated, and the restoration of normal physiological functioning. *Shodhana Chikitsa*, comprising appropriately selected purification procedures, is an important therapeutic approach in Ayurveda when the patient's strength, disease stage, *Doṣic* predominance and overall clinical condition permit its use.

Procedures such as *Virechana* and other indicated purification measures may be considered according to the individualized assessment of the patient and the principles of Ayurvedic treatment.

In this context, the present article explores the *Shodhana Chikitsa* approach in a case of bullous pemphigoid, interpreting the clinical presentation through the Ayurvedic framework of *Visphoṭa* and discussing the rationale, selection and outcomes of the adopted therapeutic approach. The objective is to explore the potential role of individualized Ayurvedic management as a complementary approach while acknowledging the need for appropriate dermatological assessment, monitoring and evidence-based care.

AIMS AND OBJECTIVES

1. To explore the Ayurvedic correlation of Bullous Pemphigoid with *Visphoṭa*.
2. To describe the rationale and application of *Shodhana Chikitsa* in the reported case.
3. To document the clinical outcomes following treatment**.**

MATERIAL AND METHODS CASE REPORT

A 63-year-old male patient (OPD Registration No.20260001503) had visited CBPACS Hospital on 02/01/2026 with the complaints of itching all over the body associated with reddish rashes and erosion of oral mucosa.

History of Present illness

The patient presented with a 7-year history of generalized itching all over the body, associated with erythematous plaques and pustular lesions over the abdomen, along with fluid-filled blisters in the oral cavity. The patient was initially diagnosed with urticaria and found to have elevated serum IgE levels. The patient received treatment from multiple allopathic hospitals, which provided only temporary symptomatic relief. The itching was predominantly aggravated during the evening hours. On 14/10/2025, the patient tested positive for BP180 antibodies. Subsequently, the patient sought treatment at an AYUSH dispensary in Delhi and has now presented to the Kayachikitsa OPD of CBPACS, New Delhi, for further evaluation and better management.

History of Past illness

K/C/O Type 2 Diabetis mellitus (Linagliptin) in the past 10 years

Urticaria (Montelukast10mg, Levocetrizine 5mg) and Prostatomegaly

N/H/O Hypertension & Thyroid dysfunction

Surgical History

Umbilical hernioplasty-September 2022.

Family History

No relevant family history.

Personal History

Appetite: Normal Bowel: Constipated

Bladder:Normal,4-5/day,1/night Sleep: Sound

Diet:Vegetarian, Occupation: Ex-Navy officer Addiction: Nil

Allergies: Nil

General Examination

Appearance: conscious, alert Built:Moderately built Nourishment: Well-nourished Pallor: Absent

Icterus: Absent Cyanosis: Absent Clubbing: Absent BP:122/82mm Hg Pulse rate:74/min

Ashtavidha Pareeksha

Nadi:Manda

Mutram:Anavilam Malam:Badham Jihwa:Nirama Sabdam:Spashta Sparsam: Anusnaseeta Drik: Vyakta

Akriti: Madhyama

Integumentary system examination

General Skin Inspection

- Skin colour: Healed erythematous rashes over the abdomen and lower back.
- Skin texture: soft
- Skin turgor: Normal on non-affected areas
- Moisture: Absent Lesion Characteristics
- Location: Abdomen and lower back; soft palate (oral mucosa).
- Morphology: Healed cutaneous lesions over the abdomen and lower back; a blister is present over the soft palate.
- Colour: Residual discoloration over previously affected areas, if present.
- Surface: Healed skin lesions over the abdomen and lower back.
- Blistering: No significant active cutaneous blisters observed.
- Border: Not assessable in healed lesions.
- Distribution: Healed rashes distributed over the abdomen and lower back.
- Discharge: No active discharge reported.
- Pruritus: Present (generalized itching**).**

Samprapti Ghataka

Dosha:Pitta pradhana Tridosha

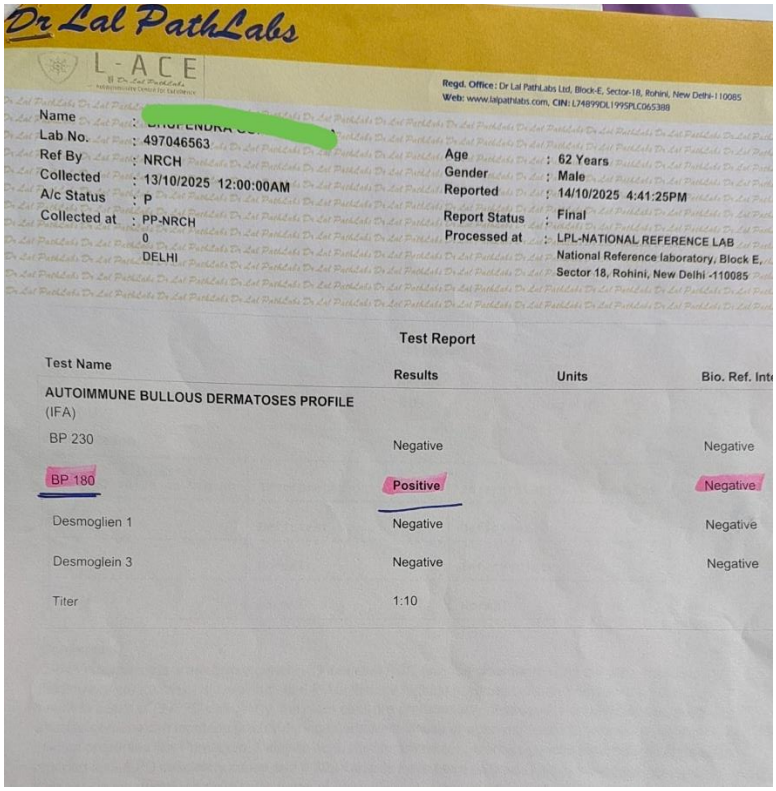
Dushya: Twak, Rasa, Rakta, Mamsa, Ambu Adhishtana: Sarvashareera

Srotas:Rasavaha, Raktavaha, Mamsavaha

Srotodushti: Sanga, Vimargagamana Agni: Jatharagni & Dhatvagni Mandya

Rogamarga:Bahya

Laboratory investigations were performed as part of the diagnostic evaluation. The patient's serum anti-BP180 antibody was positive on 14 October 2025. Other relevant laboratory findings, including serum IgE levels and routine blood investigations, were documented in the patient's medical records.


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Name : [redacted]
Lab No. : 497046563
Ref By : NRCH
Collected : 13/10/2025 12:00:00AM
A/c Status : P
Collected at : PP-NRCH 0 DELHI

Age : 62 Years
Gender : Male
Reported : 14/10/2025 4:41:25PM
Report Status : Final
Processed at : LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Int
AUTOIMMUNE BULLOUS DERMATOSES PROFILE (IFA)			
BP 230	Negative		Negative
BP 180	Positive		Negative
Desmoglien 1	Negative		Negative
Desmoglein 3	Negative		Negative
Titer	1:10		

Figure 1: Original laboratory report demonstrating a positive serum anti-BP180 antibody result in the patient.

The patient underwent two courses of Virechana Karma, separated by an interval of eight months. The details of the interventions are described below in Table 1.

Table 1: Treatment Protocol.

Time line	Procedure	Medicine	Dose	Days
10/01/26-12/01/26	*Deepana-Pachana*	*Lasundadi Vati*	2BD	3
13/01/26-17/01/26	*Snehapana*	*Mahatikta Ghrita*	30ml,60ml,90ml,120ml,150ml	5
19/01/26	*Abhyanga&Nadi Sweda*	*Brihat marichyadi taila*		3
21/01/26	*Virechana*	*Draksha:100gm,Phalatrika diKwatha-40ml,Kutaki choorna:25gm,Abhayadi modaka:2 tablet*		
21/01/26-23/01/26	*Samsarjana Krama-Avara sudhi(10vegas)*			3
14/09/26-16/09/26	*Deepana-Pachana*	*Lasundadi Vati*	2BD	3
17/09/26-21/09/26	*Snehapana*	*Mahatikta Ghrita*	30ml,60ml,90ml,120ml,150ml	5
23/09/26-	*Abhyanga&Sarvanga*	*Brihat marichyadi taila*		3

25/09/26	*Swedana*			
25/09/26	*Virechana*	*Draksha:100gm,Phalatrika di Kwatha-40ml,Kutaki*		
		choorna:25gm,Trivrit avaleha-10gm,Abhayadi modaka:2 tablet		
25/09/26-29/09/26	*Samsarjana Krama Madhyama sudhi(14 vegas)*			*5*
30/09/26-14/10/26	*Rasayana Chikitsa*	*Gandhaka Rasayana*	*125mg BD*	*15*

RESULTS

Table 2: Assessment Criteria.

Subjective Criteria	**Before 1st *Virechana***	**After 1st *Virechana***	**Before 2nd *Virechana***	**After 2nd *Virechana***
Kandu	4	3	3	2
Daha	0	0	0	0
Raga	3	2	2	1
Pidaka/Sphota	2	1	1	0
Srava	1	0	0	0
Vrana ropana	3	2	2	2
Objective Criteria-BPDAI Score				
Skin Blister/Erosion	16	14	14	8
Skin Urticaria/Erythema	14	14	12	8
Mucosal blisters/Erosions	8	6	4	2
Total BPDAI Score	38	34	30	18

1. Subjective Parameters (Study-**specific severity grading):** *Kandu* (itching), *Daha* (burning sensation), *Raga* (redness), *Pidaka/Sphota* (lesions or blisters), and *Srava* (discharge) are assessed using a predefined severity scale. Grades range from 0 to 4, where 0 indicates absence and 4 indicates very severe manifestation. *Vrana Ropana* (wound healing) is assessed according to the extent of healing.

2. Objective Parameters: Clinical examination includes the number and distribution of blisters, erosions, erythematous lesions, and mucosal involvement. The Bullous Pemphigoid Disease Area Index (BPDAI) is a validated scoring system that assesses skin blister/erosion activity, urticarial/erythematous lesions, and mucosal involvement. The total activity score ranges from 0 to 360; higher scores indicate greater disease activity. Skin damage is assessed separately. Changes in BPDAI scores between baseline and follow-up help evaluate treatment response.[6]

DISCUSSION

The present case report evaluates the clinical response to a *Shodhana Chikitsa*-based Ayurvedic treatment protocol in a patient with bullous pemphigoid, correlated with *Vishphota* in Ayurveda. The treatment protocol included *Deepana-Pachana* with *Lasunadi Vati*, *Snehapana* with *Mahatikta Ghrita*, *Abhyanga* and *Swedana* with *Brihat Marichayadi Taila*, *Virechana* with the prescribed purgative medicines, *Samsarjana Krama*, and subsequent *Rasayana Chikitsa* with *Gandhaka Rasayana*. The response was assessed using subjective clinical parameters and the Bullous Pemphigoid Disease Area Index (BPDAI).

1. *Deepana-Pachana: Lasunadi Vati*

Lasunadi Vati was administered during the preparatory phase to promote *Deepana* and *Pachana*, which are intended to improve digestive capacity and facilitate the management of *Ama*. This preparatory step was followed by *Snehapana* and the subsequent purification procedure. From an Ayurvedic perspective, improving *Agni* and addressing *Ama* are considered supportive measures before *Shodhana*.[7]

2. *Snehapana: Mahatikta Ghrita*

Mahatikta Ghrita was used for internal oleation before *Virechana*. In Ayurvedic practice, *Snehapana* is intended to facilitate the mobilization of *Doshas* from the peripheral tissues towards the gastrointestinal tract, preparing them for elimination during *Shodhana*. The bitter ingredients in *Mahatikta Ghrita* are traditionally used in disorders involving the skin and blood (*Tvak* and *Rakta* disorders). Its use in this case was therefore based on the Ayurvedic rationale of preparing the patient for purification while addressing the underlying disease manifestations.

From a pharmacological perspective, the biological activities of individual ingredients in herbal formulations may provide hypotheses regarding anti-inflammatory or antioxidant effects. However, these effects cannot be assumed for the complete formulation or considered proven mechanisms in bullous pemphigoid without formulation-specific clinical or experimental evidence.[8]

3. *Abhyanga and Swedana: Brihat Marichayadi Taila*

Brihat Marichayadi Taila was used for external oleation and fomentation during the preparatory phase. *Abhyanga* is traditionally employed to facilitate *Snehana*, while *Swedana* is intended to promote sweating and assist the movement of *Doshas* towards the

gastrointestinal tract before *Virechana*. These procedures form part of the preparatory measures for *Shodhana Chikitsa*. The topical application of medicated oil may also support skin lubrication and reduce dryness.[9]

4. *Virechana Chikitsa*

Virechana was the principal *Shodhana* procedure in the treatment protocol. The medicines used included *Draksha, Phalatrikadi Kwatha, Kutaki Churna, Trivrit Avaleha, and Abhayadi Modaka.*

- *Draksha* (*Vitis vinifera*): Traditionally used for its nourishing and supportive properties. Its polyphenolic constituents have demonstrated antioxidant activity in experimental settings, but a specific therapeutic effect in bullous pemphigoid remains unproven.
- Phalatrikadi Kwatha: Used as part of the prescribed *Virechana* regimen. Its intended role in this case was to support the overall purification protocol. Any specific anti-inflammatory or immunomodulatory effect would require evidence relating to the exact formulation.
- *Kutaki* (*Picrorhiza kurroa*): Traditionally described as a bitter drug with Pitta-related and purgative indications. Experimental research on its constituents has investigated anti-inflammatory and antioxidant activities, but these findings do not establish clinical efficacy in bullous pemphigoid.[10]
- *Trivrit* (*Operculina turpethum*): Traditionally used as a purgative drug and served as an important component of the Virechana regimen. Its relevant pharmacological action is principally associated with its laxative or purgative effect.[11]
- *Abhayadi Modaka*: Included in the prescribed purgative regimen. Its contribution should be interpreted according to its traditional formulation and intended role in facilitating bowel evacuation; a specific mechanism in autoimmune blistering disease has not been established.

From the Ayurvedic perspective, *Virechana* is intended to eliminate aggravated *Doshas* through the gastrointestinal route and is traditionally indicated in selected *Pitta*-associated disorders. In this case, the procedure was undertaken as part of the overall *Shodhana* approach. It is important, however, to distinguish this traditional rationale from the modern pathogenesis of bullous pemphigoid, which involves autoantibodies directed against structural proteins of the dermal–epidermal junction. There is currently insufficient evidence to conclude that *Virechana* eliminates these autoantibodies or directly modifies the

underlying autoimmune process.

5. ***Samsarjana Krama***

Samsarjana Krama was followed after *Virechana* to reintroduce food gradually according to the prescribed regimen. This dietary progression is intended to support the restoration of digestive capacity after *Shodhana* and to avoid an abrupt return to a regular diet. It represents an important supportive component of the treatment protocol rather than a direct pharmacological treatment for blister formation.[12]

6. ***Rasayana Chikitsa: Gandhaka Rasayana****Gandhaka Rasayana* was administered during the subsequent phase of treatment. In Ayurvedic practice, it is traditionally used in selected skin disorders and as a *Rasayana* formulation. Its inclusion in this case was intended to provide supportive treatment following *Shodhana*.[12]

7. Sulphur-containing substances and certain constituents used in traditional formulations have been investigated for various biological activities. However, the pharmacological effects of purified sulphur cannot automatically be extrapolated to *Gandhaka Rasayana* as a whole. Reliable clinical evidence establishing its immunomodulatory action or efficacy in bullous pemphigoid is limited. Therefore, its role in the present case should be discussed as a traditional therapeutic rationale rather than a proven mechanism of disease modification.

Correlation with clinical outcomes

The subjective parameters demonstrated improvement following the combined treatment protocol. *Kandu* decreased from grade 4 to grade 2, *Raga* from grade 3 to grade 1, *Pidaka/Sphota* from grade 2 to grade 0, and *Srava* from grade 1 to grade 0. *Daha* remained absent throughout the assessment period, while *Vrana Ropana* improved from grade 3 to grade 2. These findings indicate improvement in several recorded symptoms and signs, although itching and incomplete wound healing persisted.

The total recorded BPDAI score decreased from 38 at baseline to 18 after the second *Virechana*, representing a reduction of approximately 52.6%. The skin blister/erosion score decreased from 16 to 8, the skin urticaria/erythema score from 14 to 8, and the mucosal blister/erosion score from 8 to 2. These changes indicate a reduction in the recorded disease burden during the observation period.

The observed improvement occurred following a multimodal regimen consisting of preparatory procedures, *Virechana*, dietary rehabilitation, and *Rasayana Chikitsa*. Consequently, it is not possible to attribute the changes to any single medicine or procedure. Furthermore, the clinical scores alone do not demonstrate changes in autoantibody levels or establish an immunological mechanism.

LIMITATIONS OF THE STUDY

This study has certain limitations. First, being a single-patient case report without a control group, the findings cannot be generalized to the wider bullous pemphigoid population, and a causal relationship between the Ayurvedic treatment protocol and the observed clinical improvement cannot be established. Second, the multicomponent treatment approach, comprising preparatory procedures, *Virechana, Samsarjana Krama*, and subsequent administration of *Gandhaka Rasayana*, limits the assessment of the individual contribution of each intervention. Although symptomatic improvement and the absence of typical bullae were observed during clinical assessment, BP180 antibody positivity had been documented, highlighting the distinction between clinical improvement and immunological remission. The absence of serial antibody measurements, if applicable, limits the assessment of immunological response. Furthermore, the limited follow-up period, if applicable, restricts conclusions regarding the long-term sustainability of improvement, disease recurrence, and treatment safety. Larger prospective studies with standardized outcome measures, appropriate diagnostic confirmation, serial immunological assessments, and longer follow-up are required to evaluate the potential role of this treatment approach in bullous pemphigoid.

CONCLUSION

The present case suggests that a treatment protocol incorporating *Shodhana Chikitsa* followed by *Rasayana Chikitsa* was associated with improvement in selected subjective manifestations and recorded BPDAI scores in a patient with bullous pemphigoid. The traditional Ayurvedic rationale of the individual interventions provides a framework for understanding their selection; however, their specific mechanisms in autoimmune blistering disease remain insufficiently established. Further controlled studies with standardized outcome measures, longer follow-up, and systematic safety monitoring are required to evaluate efficacy, durability of response, and possible mechanisms.

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