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Role of Kosthashodhana with Shamana Chikitsa in the management of Eka-Kustha (Psoriasis) - A Case Report



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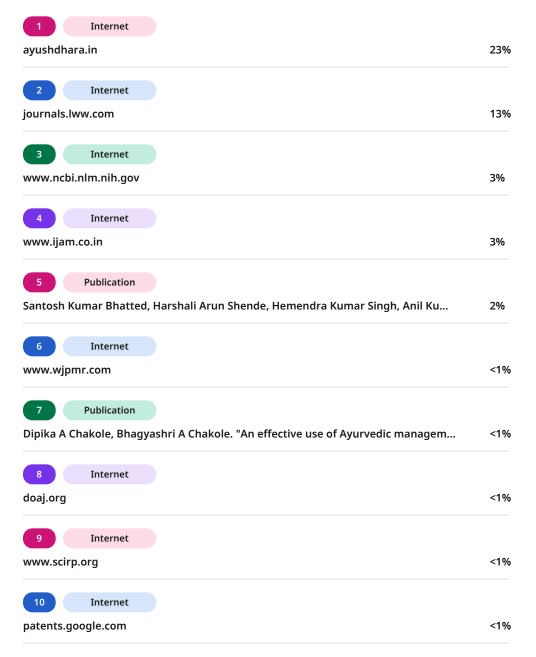
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1 Role of Kosthashodhana with Shamana Chikitsa in the management of Eka-Kustha

2 (Psoriasis) - A Case Report

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Abstract

Introduction: Psoriasis is a chronic immune-mediated inflammatory, proliferative skin 5 6 disorder that affects individuals across all age group, but its manifestation in order adults poses unique challenges. In this population, age-related changes in skin physiology, multiple 7 8 comorbidities, and polypharmacy may influence both disease expression and therapeutic 9 choices. Clinical presentation in the elderly can be atypical and is often complicated by 10 fragile skin, reduced healing capacity, and increased susceptibility to adverse drug reaction. According to the Ayurveda symptoms of the Eka-Kustha, which is a Vata-Kapha dominant 11 KshudraKushtha, which can be correlate with Psoriasis in modern.A72 years male patient 12 suffered from erythematous plaques on all over body (mainly bilateral lower limb, bilateral 13 upper limb, Scalp region, and nape of neck) associated with severe itching, burning sensation, 14 blood discharge from lesion and silvery scales on all over body along with sleep disturbance 15 and generalized weakness since 10 years undergoing various allopathic treatment without 16 sustained relief. Deepana-Pachana drugs treated him, Kosthashodhana along with Shaman 17 Chikitsa. Conclusion: Following the Ayurvedic regimen. The patient experienced marked 18 improvement in all the symptoms after 21 days of treatment. The psoriasis area and severity 19

Key words: Eka-Kustha, Psoriasis, Kosthashodhana, ShamanaChikitsaAyurveda.

23 Introduction:

improvement after treatment.

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Psoriasis is significant and common dermatological disease in the geriatric population. An epidemiological study found that psoriasis ranked sixed among the most common dermatological problems in the geriatric population. Geriatric psoriasis refers to psoriasis occurring in older adults, typically defined as those aged 60 or 65 and above. Psoriasis is a multifactorial, chronic replacing inflammatory skin disease characterized by erythematous, scaly, and pruritic plaques, commonly affecting the extensor areas of the extremities in the elderly population [1]. It affects approximately 0.5%-3% of the general population making it a global health burden. The exact aetiology is unknown but it is considered to be an

index (PASI) scores were used to assess severity of disease, which showed marked



- autoimmune disease mediated by T-lymphocytes. It has a strong psychosocial impact,
- interfering with patient's quality of life. [2]
- The development of the disease involves multiple factors, including genetic factors,
 - epigenetic changes, the immune system, microbiota, and environmental factors. The most
 - 36 common presentation of psoriasis is vulgaris psoriasis, which is characterized by
 - 37 erythematous, scaly and well-demarcated pruritic plaques on the extensor areas of the
 - extremities. Another important aspect in psoriasis patients is the presence of comorbidities,
 - such as psoriatic arthritic, diseases, and metabolic syndrome, psychiatric disorder are more
 - frequent in geriatric psoriasis as compared adults [3]. In Ayurveda, Psoriasis can be correlated
 - 41 to Eka-Kustha, which is a type of Vata-Kapha predominant manifestation characterized by
 - 42 symptoms such as Aswedanam (does not sweat), Mahavastu (broadly spreads all over the
 - body), MatsyaShakalopamam (resembles "fish from" scaling in the skin), and becomes black
 - and pink in color caused by vitiation of *Vata* and *KaphaDoshas*. Classic explained the *Hetu*
 - 45 (causative factors) of Eka-Kustha as consumption of Viruddhahara (disordered dieting-
 - incompatibility), following Diwaswapna (day time sleep) and Papkarma (indulgence in
 - sinful acts), etc. This case report is an attempt to manage a case of Eka-Kustha through
 - 48 Ayurveda approaches [4]. The present study observed the efficacy *Kosthashodhana* followed
 - by *Shamana*therapy in the patient with clinical symptoms of psoriasis.

50 Case Report

- A 72-year-old male patient apparently normal before 10 years. Then he sufferedfrom
- 52 erythematous plaques on bilateral lower and upper limb, scalp region, nape of neck
- associated with severe itching, burning sensation, blood discharge from lesions and silvery
- scales on all over the body, along with sleep disturbance and generalized weakness since ten
- years undergoing various allopathic treatment without sustained relief. Then he came to the
- 56 Kayachikitsa outpatient department. He was admitted on date 07/10/2024 further Ayurvedic
- 57 treatment in Kayachikitsa indoor patient department, ITRA, Jamnagar.
- He was a known case of type 2 diabetes since twenty years, hypertension since two years for
 - 59 which was taking advised allopathic medication regularly (tablet losartan 50mg od after food
 - 60 and tablet metformin 500mg od after food). No drug allergy or previous surgery was
 - reported. No history of alcohol, smoking, or any other drugs was found.
- 4 62 Ashtaviddha Pariksha:





- Nadi Vata Pradhana kaphaja
- *Mutra* frequency 7-8 times a day, normal colour (pale yellow)
- *Mala* twice a day Semisolid
- *Jivha Sama*, lipt (white, coated)
- *Shabda* Speech and hearing was normal
- Sparsha Ruksha (Dry skin at the site of lesion)
- *Drik* − Normal
- Aakriti Madhyam (Height 147cm and Weight 51 kg BMI 23.6kg/ m² was
 normal).

72 On examination:

- The Patients' general state was anxious and poor appetite. Vitals were normal (Pulse rate-76
 - 74 beats per minute, Respiratory rate 20 breathes per minute, Blood pressure 122/80
 - 75 mm/hg).General examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy was
 - absent.
 - 77 Dashaviddha Pariksha (tenfold examination) was Vata PradhanaPittaPrakriti, Vikruti in
 - Kapha, Vata, Pitta and Rakta, Sama Samhanana and Pramana, Sarva Rasa Satmya with
 - 79 Madhyama VyayamaShakti and Bala, and Vriddhavastha.
 - 80 Integumentary system examination:
 - 81 Site Bilateral upper limb and lower limb, back region, scalp region, nape of neck.
 - 82 Colour Reddish patches with white scales.
 - 83 Size Patches and plaques of varying size
 - 84 Consistency Thick
 - 85 Distribution Bilateral symmetrical and scattered all over body.
 - 86 Primary Lesions Erythematous patches and plaques covered with white scales.
 - 87 Sign Auspitz sign, present
 - 88 Nidana Panchaka:





- 89 *Nidana* –*Divaswap*(daytime sleep)-1/2 hrs/day after meal, *ViruddhaharaSevana*
- 90 (Consumption of milk and salty snacks at the same time) and Rakta DushtikarAhara-vihara
- 91 (overindulging in sour foods like pickles and curd, prolonged exposures to direct sunlight).
- 92 Samprapti: Dosha Kapha, Vata, Pitta and Rakta
- 93 Dushya Rasa Dhatu, Rakta Dhatu
- 94 Agni Mandagni: Aam Jatharagni and Dhatvagni Janya
 - 95 Srotas Rasavaha, Raktavaha
 - 96 Adhisthana Twaka
 - 97 Rogamarga Bahya
 - 98 Swabhava Chirakari (chronic)
 - 99 Sadhyasadhyata Kricchrasadhya (difficult to treat)
- 4 100 *Purvarupa* Kandu (itching), Rukshtyam (dryness).
 - 101 Rupa Aswedanam (Absence of sweating), Twaka similar to Matsya Shakalopamam
 - (resembles to the scales of fish) on hasta (hands), Pada(foot), and Greeva Pradesh (scalp
 - 103 region).
- 104 Upashaya Bahya Shita Sparsha and Abhyanga (improvement on wet cold sponging and oil
 - application)
 - 106 Anupashaya— Ushna Sparsha (increased symptoms in work in hot and humid climates).
- 1 107 Diagnosis Assessment:
 - By Examination the clinical appearance, nature of skin lesions and positive Auspitz sign, the
 - diagnosis of plaque psoriasis was validated. Kandu (itching), scaling Rakta Varnata
 - (redness), Daha (burning sensation), and the involvement of Kapha, Vata, Pitta and Rakta
 - determined in this case and the Ayurvedic classics for KushthaRoga and NidanaParivarjana,
 - 112 PrakritiVighatana, repeated Shodhana, Shamana, lepa. Hence, in this case Kosthashodhana
 - along with *Shaman Chikitsa* was selected for present.
 - 114 Therapeutic interventions:
- 5 115 The patient was first put on Deepana-Pachana, Kosthashodhana with Ayurvedic oral
 - medication (Table no. 1) and along with the daily external application of Gandhaka





Malharato the affected area. He was advised to avoid dietary restrictions (avoid excessive sour, salty and spicy substances), advised to avoid day sleep, and suggested to maintain personal hygiene.

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121 Outcome and Follow up:

The patient was close observation in In-patient department of ITRA for 21 days and no side effect was reported. The basic assessment was done using the Psoriasis Area Severity Index (PASI) score that was found to be 34.3. Routine laboratory investigation were done on October 08, 2024 and in which complete blood count, liver function, and renal function test were found to be within normal limits. Ayurvedic treatment were started on October 08, 2024 and *Shaman Chikitsa* was started after *Kosthashodhana*. The patient noted a good improvement since there was a reduction in the erythematous plaque on all over the body, scaling of the skin, itching and burning sensation on his bilateral upper and lower limb, scalp region and nape of neck and reduction in Absolute Eosinophil Counts (AEC) from 1418 cells/mL (08/10/2024) to 534 cells/mL (09/11/2024) and improvement was assessed on basis of PASI score (Table no.4).

1 133 Table No.1: Time line of the case:

Date	Clinical events	Interventions/procedures	Outcome
08/10/2024	Deepana-Pachana	Avipattikar Churna 3 gm	Appetite was improved
		twice a day before meal	
		with Anupana of Koshna	
		Jala and Aampachana Vati	
		2 Vati thrice after meal	
10/10/2024	Kosthashodhana after	Trivrittavaleha 30gm with	Not relief in symptoms
	Sarvang Abhyanga	80 ml <i>Triphala Kwatha</i>	
	with BalaTaila and	Vaigiki Shudhhi – 7 Vega	
	BashpaSwedana		
10/10/2024	Sansarjana karma	3 days as per Shudhhi	Mild relief in itching
To			and erythema, burning
12/10/2024			sensation



13/10/2024	Shaman Aushadhi was	Manjisthadi Kwatha 40ml	Moderate relief in			
To	started	twice a day before meal	itching and erythema,			
27/10/2024		Kaishor Guggulu 2 tablet	burning sensation			
		thrice a day after meal				
		with warm water				
		Combination of				
		Arogyavardhini Rasa				
		500mg and Triphala				
		Churna 3gm, Sariva				
		Churna 1gm twice a day				
		after meal with warm				
		water				
		Trivrittavaleha 5 gm HS at				
		night after meal				
		with <i>KoshnaJala</i>				
		Dushivishari Gutika <mark>1 Vati</mark>				
		twice a day after meal was				
		given along with				
		GandhakaMalharafor				
		local application				
28/10/2024	Patient was discharged	Manjisthadi Kwatha 40ml	Moderate relief in			
		twice a day before meal	itching and erythema,			
		Kaishor Guggulu 2 tablet	burning sensation			
		thrice a day after meal				
		with warm water				
		Combination of				
		Arogyavardhini rasa				
		500mg and Triphala				
		Churna 3gm, Sariva				
		Churna 1gm twice a day				
		after meal with warm				
		water				





		Trivrittavaleha 5 gm HS at	
		night after meal with	
		KoshnaJala	
		Dushivishari Gutika 1 Vati	
		twice a day after meal was	
		given along with	
		GandhakaMalhara for	
		local application	
04/11/2024	Follow up 1	Manjisthadi Kwatha 40ml	Moderate relief in
	No fresh complaints	twice a day before meal	itching and erythema,
		Kaishor Guggulu 2 tab	burning sensation
		thrice a day after meal	
		with warm water	
		Combination of	
		Arogyavardhini rasa	
		500mg and Triphala	
		Churna 3gm, Sariva	
		Churna 1gm twice a day	
		after meal with warm	
	07	water	
	.0	Trivrittavaleha 5 gm HS at	
		night after meal with	
		KoshnaJala	
		Dushivishari Gutika <mark>1 Vati</mark>	
		twice a day after meal was	
		given along with	
		GandhakaMalhara f <mark>or</mark>	
		local application	
	-		
11/112024	Follow up 2	Same treatment continued	Moderate relief in
	No fresh complaints		itching and erythema,
			burning sensation





1	18/11/2024	Follow up 3	Same treatment continued	Moderate relief in
		No fresh complaints		itching and erythema,
				burning sensation
1	28/11/2024	Follow up 4	Same treatment continued	Moderate relief in
		No fresh complaints		itching and erythema,
				burning sensation

Result: Table No 2: Images of Patient before and after treatment: 134

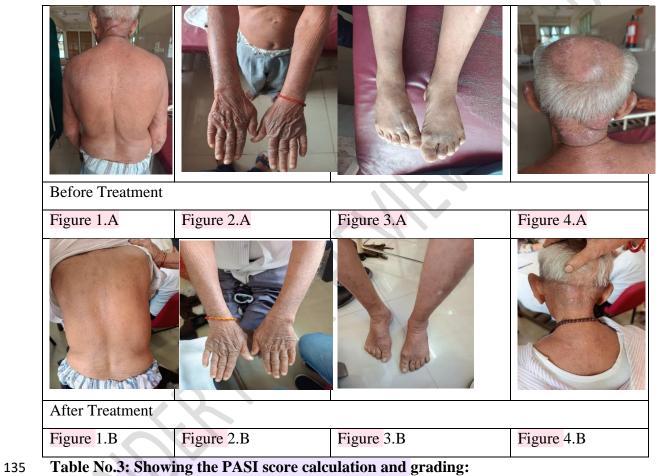


Table No.3: Showing the PASI score calculation and grading:

Plaque	Lesion Severity	Area involved for	Amount of body
characteristic	Score	each body region	surface area
		affected i.e. Area	represented by the
		score	region
1. Erythema/red	0- None	0- 0%	0.1- Head and
ness	1- Mild	1- 1-9%	neck
2. Induration/th	2- Moderate	2- 10-29%	0.2- Upper limbs
ickness	3- Severe	3- 30-49%	0.3- Trunk



- 1	0	
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3. Desquamatio	4- Very severe	4- 50-69%	0.4-	Lower limbs
n/scaling		5- 70-89%		
		6- 90-100%		

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Table No. 4: PASI Score Before and After Treatment:

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	Head			Arms		Trunk			Legs			
	ВТ	AT	V1	BT	AT	V1	BT	AT	V1	BT	AT	V1
Erythe ma	3	2	1	3	1	1	2	1	0	3	1	0
Indurati on	3	2	2	3	1	2	2	1	2	3	1	0
Scaling	3	2	2	2	1	1	2	1	1	3	1	0
Area %	70- 89	70- 89	<1 0	50- 69	30- 49	<10	30- 49	10- 29	0	70-89	30-49	0
Total Score	34.	10. 2	1.5	34.	10.	1.5	34.	10.2	1.5	34.3	10.2	0

BT: Before treatment; AT: After treatment; V1: First visit

2 138 **Discussion:**

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The main causative factors in the manifestation of pathology of Eka-Kustha are Vata-KaphaPradhana Tridosha that vitiates Twaka, Rakta, Mansa, and Ambu. Consumption of Nidana (etiology) leads to simultaneous vitiation of Doshas and Shaithilyata (laxity) in Dhatus (Twaka, Rakta, Mansa and Lasika). VitiatedDoshas further affect Shithila Dhatus (looseness of Dhatu) leading to the manifestation of Kushtha^[5]. In the present case, an unwholesome diet (milk and salt, curd in excess and excessive salty and sour food item) and sleeping during the day time by the patient might triggered the vitiation od Doshas that possibly lead to the manifestation of Eka-Kustha. Exact Mechanism of such pathogenesis in modern term needs to be understood. Based on the involved Dosha and Dushya, Vata-Kapha Shamaka(Pacifying Vata- Kapha) treatment was given along with Pathyadiet including light easily digestible food, vegetables having bitter taste such as Neem leaves and pulses such as Moonga and old cereals. [6]

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Probable mode of Action for interventions:

- 1 152 Deepana-Pachana because this patient had, ongoing Nidana Sevana Agnimandya was there
- 153 AvipattikarChurna(pitta Shamaka properties) and AampachanaVati before meals improves
 - digestive power by regulating Agni and aiding in Ama digestion by its Tikta Rasa,
 - 155 UshnaVirya and Deepana, Amulomana properties. [7]
- 1 156 KosthashodhanaKarma after Abhyanga and Swedana, Kosthashodhana was administered
 - using Trivrita Avaleha, known for inducing SukhaVirechana (painless and effective
 - purgation), which was required in this case. Kosthashodhana karma eliminates accumulated
 - Doshas from Koshtha. The use of Trivrittavaleha in Eka-Kustha offers a classical yet
 - practical detox approach, supporting Dosha Shodhana and reducing dermatological symptoms
 - by its *Tikta Madhura Rasa*, *UshnaVeerya* and *Shodhana* attributes. [8]
- 162 Manjisthadi Kwatha, composed of herbs like Manjistha, Triphala, Katuki, Vacha, Devadaru,
 - Nimba etc., possesses Kashaya, Tikta and KatuRasa along with Laghu, Ruksha Guna and
 - 164 Ushna Veerya. These attributes make it effective in Pitta-Kapha Shamana, Agnideepana,
 - Rakta Shodhana, and Srotoshodhaka and as a Kushtagna. It contains maximum phenols and
 - antioxidants. Through these actions, it helps break the pathological process of *Eka-Kustha*
 - supporting both systemic detoxification and symptom relief. [9]
 - 168 Kaishor Guggulu experts its effect in Eka-Kustha through Rakta Shodhana, Aampachana
 - and Tridosha Shamana. Herbs like Guduchi, Triphala and Guggulu purify the blood, boost
 - metabolism and reduce inflammation. Its *Katu-Tikta Rasa* and *Ushna Veerya* relieve itching,
 - scaling an discoloration. Additionally, its ant allergic, antibacterial, and detoxifying
 - properties support long tern disease control and prevent recurrence. [10]
 - 173 Dushivishari Gutika was used to eliminate toxins in a patient with chronic exposure to heat
 - and chemical substances. The formulations contain ingredients with Vishagna, Kushtagna,
 - 175 Deepana, Rasayana and Shothahara properties. Herbs like Pippli, Ela, and Kushta support
 - Agni at a cellular level through *Deepana Pachana* actions. Components such as *Jatamansi*,
 - 177 Chandan, Gairika and Tagara act as blood purifiers and counter Dooshivisha. [11]
 - 178 Arogyavardhini Rasa^[12], when combined with Triphala, offers a synergistic effect in
 - managing Eka-Kustha. It acts through Deepana, Pachana, Rakta Shodhana and Lekhana
 - properties, correcting Agni, removing Ama, and purifying the blood. Key ingredients like
 - 181 Tamra Bhama, Katuki and ShuddhaParada enhance liver function and metabolism along





- with Dosha Sanghata Bhedana, aiding in skin detoxification Triphala^[13] supports bowel
- regulation and further assist in *Rasa-Rakta Shudhhi* with antioxidant and anti-inflammatory
- 12 184 properties. Gandhaka Malhara is an Ayurvedic medicine. It is an ointment used to treat skin
 - diseases: Reference: Rasa Tarangini 8/63-65, AFI, Vol II, 9

1 186 Conclusion

- The classical approach of Kosthashodhana followed by targeted Shamana Aushadhi offers a
- holistic and sustainable treatment for *Eka-Kustha*, This protocol not only eliminates deep-
- seated Doshas and Dooshivisha but also restores Agni, purifies Rakta Dhatu, and alleviates
- 190 symptoms like itching, scaling, and discolouration. By addressing the root cause and
- preventing recurrence, this integrated Ayurvedic line of management proves both effective
- and clinically relevant for chronic skin disorders like *Eka-Kustha*.

2 193 Patient consent details

- Authors declare that they have obtained patient consent form, where the patient has given his
- consent for reporting the case along with the images and other clinical information in the
- journal. The patient understand that her name and initials will not be published and due
- efforts will be made to conceal her identity.
- 198 **Conflict of Interest** The authors declare no conflicts of interest.
- 199 **Source of Support** ITRA, Jamnagar, Gujarat.
- 200 References:
- 201 [1] Çalışkan E, Edek YC, Keskin N, Üstün P, Adışen E. Geriatric psoriasis: Evaluation of
- 202 clinical features, disease course, and treatment modalities of patients from a tertiary care
- 203 hospital. Dermatol Pract Concept. 2025 Jan 30;15(1):4511. doi:10.5826/dpc.1501a4511.
- 204 PMID: 40117612; PMCID: PMC11928112.
- 205 [2] Yadav R, Mishra A, Yadav VS, Sahu G, Mandal SK. Ayurvedic management of
- Ekakushtha (psoriasis): A case study. J Ayurveda Case Rep. 2023;6:205–10.
- 207 [3] Sonam, Mahapatra AK, Shrikrishna R. Management of Ekakushtha (plaque psoriasis)
- with Shodhana and Shamana in pediatric age group: A case report. J Ayurveda Case Rep.
- 209 2023;6:187–93.





- 210 [4] Yadav R, Mishra A, Yadav VS, Sahu G, Mandal SK. Ayurvedic management of
- Ekakushtha (psoriasis): A case study. J Ayurveda Case Rep. 2023;6:205–10.
- [5] Charaka. Charaka Samhita. Nidana Sthana, Chapter 5, Verse 3. In: Acharya JT, editor.
- Varanasi: Chaukhambha Orientalia; 2018. p. 216.
- [6] Govinda Das Sen. Bhaishajya Ratnavali. Kusthadhikara, Verses 372–378. In: Mishra SN,
- editor. Siddhiprada Hindi Commentary. Varanasi: Chaukhamba Surbharti Prakashan; 2016.
- 216 p. 914–5.
- [7] Gokhale BV. Chikitsapradip. 2nd ed. Pune: Bha.V. Gokhale; 1961. p. 108.
- [8] Agnivesha. Charaka Samhita. Sutra Sthana, Chapter 25, Verses 39-40. In: Sharma RK,
- Dash VB, editors. Vol. 1. Varanasi: Chaukhambha Sanskrit Sansthan; 2021.
- 220 [9] Krishnan Vaidyan AK, Gopalapilla S. Sahasrayogam. 21st ed. Alappuzha:
- Vidhyarambham Publishers; 1996. p. 77–85.
- 222 [10]Sharangadhara. Sharangadhara Samhita. 2nd section. Varanasi: Choukhamba
- Publications; 1984. Vatkalpana 2. Salok no. 70–81. Available from:
- https://www.researchgate.net/publication/285511210_An_ayurvedic_polyherbal_formulation
- 225 <u>Kaishore Guggulu</u>
- 226 [11] Sushruta. Sushruta Samhita [Acharya YT, editor]. 2nd ed. Bombay: Nirnaya Sagar
- Press; 1931. Kalpa Sthana; Sthavara Visha Vajnaneeyam Adhyaya: Chapter 2, Verse 51. p.
- 228 509. Available from: https://ijapr.in/index.php/ijapr/article/view/2576/1849
- 229 [12] Ambikadatta Shastri. Rasaratna Samuchchya. 9th ed. Varanasi: Chaukhamba Sanskrit
- 230 Publisher; 1994. Chapter 20, Verse 87. p. 400. Available from:
- 231 https://www.researchgate.net/publication/336718310 Arogyavardhini Vati A theoritical an
- 232 <u>alysis</u>
- 233 [13] Baliga MS, Meera S, Mathai B, Rai MP, Pawar V, Palatty PL. Scientific validation of
- the ethnomedicinal properties of the Ayurvedic drug Triphala: A review. *Chin J Integr Med.*
- 235 2012;18(12):946–54. doi:10.1007/s11655-012-1297-0. PMID: 23224644.

236