

## Chapter 5. Comprehensive Psoriasis Care: Takra-Dhārā + Herbal Phototherapy

(Moderate-Clinical Lesson · Reading Time ≈ 50 min)

### 5.1 Why Psoriasis Warrants a “Deeper-Integration” Approach

- **Plaque-type psoriasis** (chronic stationary or scalp) occupies the interface between dermatology and cosmetology.
- Classical Ayurveda calls it “**Kitibha Kuṣṭha**”—a stubborn **Vata-Kapha-dominant** skin disorder locked with **Pitta-Rakta** heat and systemic **āma**.
- Superficial creams alone fail; yet many patients hesitate at full Panchakarma.
- A **moderate protocol**—combining:
  1. **Takra-Dhārā** (continuous medicated buttermilk pour) to cool Pitta, reduce scaling, calm stress-Vata;
  2. **Herbal Phototherapy** (Bakuchi taila + controlled solar/LED exposure) for keratin-normalisation—bridges spa-grade therapy with physician-level results in 21 days.

### 5.2 Ayurvedic Pathogenesis Snapshot

Doṣha / Factor	Clinical Sign	Classical Note
<b>Kapha</b>	Thick, adherent silvery scale	Śleṣma avarana of skin srotas
<b>Vata</b>	Dry cracking, plaque borders	Rukṣatā, pricking pain
<b>Pitta-Rakta</b>	Erythematous base, post-inflammatory dyspigmentation	Raktadushti
<b>Āma / Agni Mandya</b>	Relapse after heavy meals, alcohol, stress	Gut-skin axis

Hence therapy must **peel Kapha, cool Pitta-Rakta, lubricate Vata, and rekindle Agni**.

### 5.3 21-Day Moderate-Clinical Protocol

Day	Intervention	Core Formulas	Purpose
0	<b>Counselling + 3-day āma-pācana diet</b> (mung-rice khichadi, trikatu tea)	-	Prep gut, lower salt/sugar
1-5	<b>Internal Snehana</b>	30 → 60 ml/day <b>PañcaTikta-Ghrīta Guggulu</b> (PTGG)	Dislodge doshic load, soften plaques
6	<b>Udvartana</b> (dry rub) using <i>Kolakulathādi chūrṇa</i> 30 min → mild <b>Bāshpa Sweda</b> 10 min	-	Shear Kapha, open follicles
7	<b>Mridu Virechana</b>	10 g <b>Trivṛt-lehya</b> in warm water; aim 12 stools	Purge Pitta-Rakta
9-17	<b>Takra-Dhārā Course</b> (9 sessions)	Buttermilk + <i>Amla</i> , <i>Vetiver</i> , <i>Yashtimadhu</i> decoction; 40 min scalp/whole body	Cool, anti-pruritic, normalise keratin
10-20	<b>Herbal Phototherapy</b> (clinic or home)	Thin film <b>Bakuchi-Sarshapa Taila</b> → Stimulate 5-10 min midday sunlight OR 308 nm LED (0.5 J/cm <sup>2</sup> ), alternate days	melanogenesis & T-cell apoptosis modestly
14-21	<b>Internal Rasāyana</b>	• <i>Sarivādi Kaṣāya</i> 20 ml BID	
• <i>Ārogya-Vardhīnī Vati</i> 250 mg tid after food	Anti-oxidant, hepatoprotective, maintain remission		



Day	Intervention	Core Formulas	Purpose
Ongoing	<b>Topical Home Regimen</b>  • PM : <i>Śata-Dhauta Ghṛita Barrier Balm</i> Sustain moisture, reduce itch thin	• AM : Neem-Kewra Hydrosol Mist (Cat 10 F-2 variant)	

**Sequence note:** Phototherapy begins **two days after** virechana to avoid hypersensitivity; always patch-test Bakuchi taila on inner forearm 24 h.

## 5.4 Key Formulation SOPs

### A. Takra Base Decoction (per session, 1 L)

Component	Qty
Fresh buttermilk (fat $\leq$ 1 %)	800 ml
Amla coarse powder	10 g
Vetiver root	5 g
Licorice powder	5 g

Boil herbs in 300 ml water  $\rightarrow$  reduce 150 ml  $\rightarrow$  sieve  $\rightarrow$  mix into chilled buttermilk; final temp 32 °C.

### B. Bakuchi-Sarshapa Taila (200 ml batch)

Sesame oil 120 ml • Mustard oil 50 ml • Bakuchi seed powder 20 g • Manjishta 6 g • Turmeric 4 g • Water 400 ml. Sneha-pāka to taila paka; cool; add Vit E 0.4 ml.

## 5.5 Clinic Session Breakdown

Task	Time	Therapist Note
Client supine on dhārā table; eye pads placed	5 min	Ensure scalp fully exposed for scalp psoriasis
Continuous <b>Takra-Dhārā</b> stream 4-5 mm dia	40 min	Rotate vessel for uniform coverage; maintain 30-32 °C
Gentle rinse; pat-dry	5 min	No soap; allow residual buttermilk film
<b>LED/solar</b> exposure (if same day)	5-10 min	Cover unaffected skin; goggles
Post-care smear <i>Śata-Dhauta Ghṛita</i>	2 min	Locks moisture, reduces photo-erythema

Total chair time  $\approx$  1 hr.

## 5.6 Expected Milestones

Day	Outcome
5	Scale thickness $\downarrow$ 30 %; pruritus eased
10	Erythema fading, plaques softer; less scaliness on scalp shirts
21	50-70 % PASI reduction; residual pink macules
45	Maintenance with rasāyana + home topicals keeps relapse rare



## 5.7 Contra-Indications & Precautions

### Contraindication

Active infection (impetiginised plaques)	Defer dhārā & phototherapy; start antibiotics
Pregnancy / lactation	Avoid Bakuchi (photosensitiser) & PTGG; use mild regimen
Photodermatoses, lupus	Omit phototherapy; rely on dhārā + virechana
Severe anaemia (< 8 g Hb)	Postpone virechana; correct first

Stress-trigger management: prescribe **Bhramari pranayama** 10 min BID; adaptogenic **Ashwagandha 300 mg HS**.

## 5.8 Billing Example

Service	Sessions	Rate	Subtotal
Consult & prakṛti map	1	\$35	\$35
5-day Sneha-pāna supervision	-	\$70	\$70
Virechana procedure	1	\$80	\$80
9 Takra-Dhārā sittings	9 × \$45	\$405	\$405
Herbal phototherapy kit	-	\$55	\$55
Rasāyana meds & topicals (4 wks)	-	\$120	\$120
<b>Total (≈ 21 days)</b>			<b>\$765</b>

## 5.9 Patient FAQs

**Q:** Will buttermilk smell on my scalp?

**A:** A mild sour scent dissipates after the final rinse; applying Śata-Dhauta Ghṛita masks any trace.

**Q:** Is Bakuchi taila same as PUVA?

**A:** No. We use low-dose psoralen oil + soft UVA/narrow-band light, avoiding systemic photosensitisers.

## 5.10 Summary

A **dual-modality** of **Takra-Dhārā** (Pitta-Kapha cooling) and **Herbal Phototherapy** (controlled keratin regulation) offers a powerful yet patient-friendly bridge between spa cosmetology and dermatologic care. When integrated with gentle virechana and rasāyana support, plaque psoriasis can enter prolonged remission without steroids.