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AYURVEDIC CONCEPTUALIZATION OF PLAQUE PSORIASIS UNDER *EKAKUSHTA:* A SYSTEMATIC CRITICAL REVIEW

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ABSTRACT

Psoriasis is a long-term, complicated, inflammatory, multifactorial disease. It is distinguished by an elevated rate of epidermal cell turnover and hyperproliferation of keratinocytes in the epidermis. One of the most common skin disorders impacting people nowadays is psoriasis. In Ayurveda, the majority of dermatological conditions are classified under the *Kushta* branch. This article compares the knowledge found in classical Ayurvedic writings with that found in modern medical science addressing psoriasis by carefully examining ancient Indian literature on dermatological illnesses. It is evident from studying *Kushta* in ayurvedic literature that Psoriasis is largely identical to two types of *kshudrakushta*, namely *Eka* and *Kitibha kushta*. The study also shows that the etiopathogenesis and symptomatology of psoriasis are quite similar to the *Panchanidan*, or *Nidan, Purvarupa, Rupa, Upasaya*, and *Samprapti* of *Kushta*. This review's goal of contrasting psoriasis and *Kushta* with particular attention to *Ekakushta* is successfully accomplished. Because of the similarities, this work also attempts to explore the possibility of applying the therapeutic methods and different formulations indicated in ayurvedic skin disorders to psoriasis, opening up new avenues for the management of such conditions.

KEYWORDS: *Ekakushta, Kushta*, Psoriasis. *Rakta dushti.*

INTRODUCTION

In Ayurveda almost all the skin diseases are correlated to *Kushtaroga* and classified as seven *Mahakushtas* and eleven *Kshudra Kushtas*. *Ekakushta* is one among eleven varieties of *kshudrakusthas* described in Ayurvedic classics. According to *Acharya Charaka* it is characterized by *Aswedanam* (Anhidrotic/Hypohidrotic lesions), *Mahavastu* (covering of large surface area) and *Matsyashakalopamam* (scaly lesions), which bears a greater resemblance with the symptoms of plaque psoriasis.

All these symptoms can be co-related with psoriasis, in which silver fish scales is most predominant feature along with circumscribed, sharply demarcated scale erythematous papules or plaques covered by dry, brittle, silvery or greyish white. *Ekakustha* is *Raktapradosaj vikara.*[1] The *Doshadhikya* of this disease is *Vata-Kaphapradhan.*[2] It is described as one of the chronic disorders (*Dirgha-roga*) by *Acharya Charaka.*[3] According to *Sushruta* it is the type of *Kshudrakushta* in which the entire body become blackish.[4]

Psoriasis is considered as a type of *Kushta* and may be correlated as *Ekakushtha* due to similarity in signs and symptoms. Psoriasis is a common papulo-squamous disorder affecting 2% of the population.[5] Wherein environmental and genetic factors play crucial roles. The most distinctive lesions are red, scaly, well-defined, and primarily found on the scalp and extensor surfaces.[6] Although there are numerous therapies for psoriasis, it can be difficult to manage due to its chronic and recurrent nature.

The skin becomes inflamed and hyper proliferates at about ten times the normal rate. It affects males and females equally and can involve all races.[7] Psoriasis is T-lymphocyte-driven disorder that is a response to unidentified antigen. Un-identified triggers or infective agents like bacteria, HIV, drugs induce antigens which are presented to T lymphocytes by Langerhans cells of skin[8] leading to a T cell activation activated cytokines that promote dermal inflammation and result into hyper-proliferation of epidermis. Different patterns of psoriasis are recognized and can occur together, Certain drugs can make psoriasis worse; notably lithium, antimalarials and beta-blockers.[9] Chronic plaque psoriasis is the most common type of psoriasis.

Several classical Ayurvedic texts describe the etiopathogenesis, symptomatology, and

management principles of *Kushta* in detail; however, systematic compilation and critical evaluation of these concepts in relation to plaque psoriasis remain limited. Existing literature mainly focuses on isolated clinical studies, therapeutic interventions, or conceptual correlations without providing an integrated review of Ayurvedic and contemporary perspectives. Furthermore, there is insufficient consolidated evidence regarding the correlation of *Panchanidana, Dosha–Dushya* involvement, *Samprapti,* and *Chikitsa Siddhanta* of *Ekakushta* with the modern understanding of psoriasis. Therefore, a systematic review is necessary to critically analyse and synthesize the available classical Ayurvedic references and modern scientific literature concerning *Ekakushta* and plaque psoriasis. Such a review may help establish a clearer conceptual correlation, identify gaps in current evidence, and provide a scientific basis for integrative therapeutic approaches in the management of psoriasis.

EPIDEMOLOGY

Prevalence of psoriasis varies in different parts of the world according to the published reports. According to Global report on psoriasis by WHO, prevalence in different populations varies from 0.09% to 11.4%. The prevalence of psoriasis in most developed countries is between 1.5% and 5%. With a prevalence of 0.44%-2.8% in India[10], it commonly affects individuals in their 3rd or 4th decade with males being affected 2 times more than females.[11]

AIM AND OBJECTIVE

1. To systematically review the Ayurvedic and contemporary literature related to *Ekakushta* and plaque psoriasis.
2. To analyse the similarities between *Ekakushta* and Plaque psoriasis with respect to etiopathogenesis, clinical features, and disease progression.
3. To evaluate the correlation of *Panchanidana* of *Kushta* with the modern understanding of psoriasis.
4. To critically review the Ayurvedic principles of diagnosis and management applicable to plaque psoriasis.
5. To explore the potential role of Ayurvedic therapeutic approaches in the management of plaque psoriasis.

MATERIALS AND METHODS

All the Ayurvedic, modern literature and contemporary texts including the journals, websites were reviewed and documented about the disease and drug for the intended study. Based on

the factors gathered, logical interpretation was used to examine the effectiveness and mode of action of herbal and Herbo-mineral medicines and *Sodhana* procedures in the treatment of *Ekakushta.*

NIDANA

Common etiological factors for *Ekakushta* are *Virudha Ahara(Incompatible diet), Drava, Snigdha, Guru Ahara(liquid, unctuous and heavy food), Chardi vegadharana(suppression of urge of vomiting), Vyayama atisantapa antibhuktvopasevinam(*Performance of physical exercise and exposure to intense heat just after taking heavy meals)., *Ajeerna bhojan(*Intake of food in state of indigestion), *Adhyasana(*Taking food just after completing previous meal), *Masha mulaka pishtanna tila ksheera gudashinam(*Black gram, radish, flour preparations, sesamum, milk and jaggery.). *Gramya anupa audaka mamsa(*Meats of domestic, marshy and aquatic animals with milk. *(samyoga virudha), Dharma srama bhayartanam drutam seetambusevinam(*Usage of cold water just after exposure to intensive sun heat, exertion and fear),[12], *Vyavayam cha ajeerne anne nidram(*Having coitus in a state of indigestion), *Bhajatam diva(*Day sleep), *Vipran gurun gharshayatam papa karma(*Untruthfulness and ungratefulness insulting to teacher) (*Panchakarmopacharinam(*Incorrect application of body purification therapy), *Nava anna, Dadhi, Matsya, Ati lavana amla Sevan (*freshly harvested grains, curd, fish, salt and sour substances), etc.[13]

PURVARUPA

Premonitory symptoms are, S*parsaajnatwa (*Loss of touch sensation*), Ati sparshajnana (*Excessive touch sensation), *Asweda* (Loss of sweating) *Atisveda(*Excessive sweating) (*Vaivarnya(*discoloration), *Kota(*Appearance of rashes) *Lomaharsha (*horripilation), *Kandu (*itching), *Toda (*Pricking pain) *Srama(*exertion.*) Klama(*exhaustion), *Vranaanamadhikam soolam (*excessive pain in the ulcerative parts), *Vrananam seegrah Utpatti chiraj sthithi* (instantaneous appearance and continued persistence of those ulcers), *Daha(*Burning sensation), *Suptangatha (*numbness*)etc.*[14]

RUPA

Ekakushta with the predominance of *Vata* and *Kapha* as doshas resulting in *Aswedanam* (absence of sweat), *Matsyasakalopamam*(scaling), and *Mahavastu* (extensive localisation) according to Acharya Charaka.[15] According to Acharya Susrutha, it is characterised by *Krishna-Aruna Varnata* (Blackish discolouration).[16]

SAMPRAPTI

Due to *Nidanas* such as *Viruddhahara, Adhyashana, Guru-Snigdha Ahara, Divaswapna*, and other *Kushta-karaka* factors, *Tridoshas* (predominantly *Vata* and *Kapha*) become vitiated. These vitiated *doshas* cause *Agnimandya*, leading to the formation of *Ama*. The *doshas* then vitiate *Twak, Rakta, Mamsa* and *Lasika*, and localize in the skin through the *Rasavaha* and *Raktavaha srotas*, producing the characteristic features of *Ekakushta* such as *Aswedana, Mahavastu* and *Matsyashakalopama Twak*.[17]

SAMPRAPTI GHATAK[18]

- ***Dosha:*** *Vata-Kapha pradhana (Pitta anubandha)*
- ***Dushya:*** *Twak, Rakta, Mamsa, Lasika*
- ***Agni:*** *Jatharagni and Dhatvagni Mandya*
- ***Ama:*** Present
- ***Srotas:*** *Rasavaha, Raktavaha, Mamsavaha*
- ***Srotodushti:*** *Sanga and Vimargagamana*
- ***Adhisthana:*** *Twak*
- ***Rogamarga:*** *Bahya Rogamarga*

PROGNOSIS

Generally, diseases are classified into two divisions based on prognosis-*Sadhya* and *Asadhya*. *Sadhya rogas* are again classified into *Sukha sadhya* and *Krichra Sadhya*. Also, *Asadhya* are again divided into *Yapya* and *Anupakrama*. The patient suffering from *Kushta* caused by the simultaneous vitiation of two *Do*sas, viz. *Kapha* and *Pitta* or *Vata* and *Pitta* is difficult of treatment. But if *Vayu* and *Kapha* are simultaneously vitiated in the pathogenesis of the disease but only one of these two dosas is predominant, then it is not difficult of cure. The *Ekakushta* is having the predominance of *Vata* and *Kapha*.[19]

MANAGEMENT

According to *Acharya Charak* following 3 basic steps should be adopt while treating any disease

1. *Nidana Parivarjana*
2. *Samshamana*
3. *Samsodhana.*

Nidana Parivarjan

According to *Acharya Charak Nidana parivarjan* (avoidance of causative factors) is the firstline of treatment, as ayurveda emphasises on *Swasthasya Rakshanam*(preventive measures). As mentioned above, *Ekakushta* is *krichra Sadhya* in prognosis so that avoiding triggers can at least partially ease a patient's symptoms while also improving the quality of life with the use of minimal medications and other treatments.

Both dietic and regimens play a role in the development of *Eka Kushta*. As an early prevention food items such as *Navannam*, curd, fish, excessive sour foods, black gram, sesame, jaggery etc. should be controlled in our diet. Meanwhile *Ativyayama* after heavy meal or exposure to heat, use of cold water immediately after exposure to sun, exertion or exposure to frightening situations etc, should also be avoided.[20]

Samshaman* and *Samsodhana Chikitsa

The line of treatment described by *Acharya Charak* can be subdivided as:

1. *Samanya Chikitsa Krama* (General principles of treatment)
2. *Visesha Chikitsa Krama* (Specific Treatment)

***1. Samanya Chikitsa Krama* (General principles of treatment)**

- *Snehapana*
- *Pariseka sveda*
- *Sodhanam*

2. *Visesha Chikitsa Krama* (Specific treatment)

According to the predominance of *Doshas Kushta chikitsa* can be divided into

- *Vata- Sarpi panam*
- *Pitta- Virechanam*(Purgation) & *Raktamokshana* (Bloodletting)
- *Kapha- Vamanam* (Emetic therapy).[21]

Samsodhana Chikitsa

Snehana

S*nehapana* is the first line of treatment according to Ashtanga Hridaya. In *Vata* predominant conditions, *Grita* or *Taila* medicated with decoction of *Dasamoola, Amrita, Eranda, Sarngeshta* and *Meshasringi* can be used. In *Pitta* predominant *Kushta Tiktaka* and *Mahatiktaka grita* likewise in *Kapha* predominant *Kushta* medicated ghee prepared with

decoction of *Nimba, Saptahva, Chitraka, Kushta, Usana, Cacha, Sala, Priyala* and *Chaturangula* can be used.[22] These are given for a maximum of 7 days on an escalating dose regimen. In *Ekakushta Snehapana* can administered both as preparatory measures for *Sodhana* procedure as well as pacificatory measures especially in *Vata* predominant conditions.[23]

Svedana

This procedure when applied locally or all over the body, aids in the liquefaction of *kapha* as well as in the *Anulomana* of *Vata.*[24] In the therapy of *Kushta Acharya Charaka* has specially mentioned *Pariseka sveda*. By these procedures doshas gets disintegrated in the patient's body dissolved in the body *Srotas* so that doshas should be removed quickly by *Sodhana* procedures.

Vamana

In *Kushta* if *Vamana* and *Virechana* is not done properly then doshas gets greatly increased. This leads to *Asadhyatva* of *Kushta*.[25] Hence increased doshas should be removed out quickly. *Ekakushta* is a *Vatakapha Pradhan vyadhi. Vamana* is the principal treatment of *Kaphaja vyadhi*. It is said in the classics that *Vata pradhana Kushta* should be treated with *Snehana* and *Vamana* is the best procedure for *Kapha Pradhan Kushta*. In *Kushta vamana* is done when *Kushta* is in *Urdhva bhaga, doshas* are in *Utklesa* and *Doshas* are localised in *Hridaya.* For these condition drugs such as *Kudajaphala, Madanaphala, Madhuka* etc mixed with different types of honey can be used.[26]

Virechana

Just like *Vamana, Virechana* also helps to remove the excessively accumulated *Doshas* in *Kushta rogas* and so also in *Ekakushta.* Even though *Ekakushta* is a *Vatakaphaja vyadhi* overall *Kushta i*s dominated by *Pitta* and *Rakta* so that *Virechana* also plays a major role in it. For the purpose of *Virechana* various combinations of *Trivrt, Danti, Triphala* can be used.[27]

Asthapana & Anuvasana

Asthapana and *Anuvasana* types of *Bastis* are contraindicated in *Kushta*. These therapies are prescribed only when there is excessive aggravation of *Vayu* and the patient is found to be suitable.[28]

Raktamokshana

Generally, *Kushta* is a *Rakta pradoshaja* vyadhi.so in *Ekakushta* also bloodletting can be administered. *Rakta mokshana* can be done at the sites of forehead, arms and legs. *Prachana* is ideal if *Kushta* is of mildly aggravated doshas and *Sringa* in case of excessively aggravated doshas.[29]

Shaman

The remedies for cure of different types of *Kushta* are categorized on the basis of aggravation of doshas. Therapies for *Kushta* generally are-Intake of *Rasanjana*(solid extract prepared of the decoction of *Daruhridra)* along with gomutra cures *Kushta*, intake of Abhaya along with *Trikatu*, Guda(jaggery) and sesame oil for 1 month[30], Patolamuladi Kashaya, Mustadichurna, Triphaladichurna[31,32,33] Madhvasava, kanakabindvarishtam etc.

Table 1: **Shodhana *therapy (Purification therapy).***

Dosha	**Treatment**	**Specification**
Vataja Kushta	*Shodhana* therapy 1.*Snehapana*(lubrication)	*Triphaladi Grita, Panchatiktagrita, Mahatikta Grita*
	2.*Virechana* (Purgation)	*Trivrit, Danti, Triphala* Powder[34]
	3.*Niruhavasti*	*Daruharudra, Patola, Nimba, Maniphal, Maltas, Indra Joa, Nagarmotha*
	4.*Anuvasana basti*	*Triphaladi Grita*
Kaphaja kushta	1.*Vamana* (emesis)	Decoction of *Kudaja, Madanaphala, Mulathi*[35] and Leaves of *Patola* mixed with juice of *Nimbapatra*
	2.*Nasya*	*Saindhava* (Rocksalt), *Danti, Maricha, Pippali*, Fruit of *Karanja*, Black Seed Oil
	3.*Virechanika Dhumapana*(smoking)	*Varti* Made by *Aparajitha, Haratala, Manahsila Agara, Tejapatra* with the help of Black seed oil.

Table 2: **Samshamana *(Pacification therapy).***

Reference	**Medicine name**	**ingredients**	***Anupana*/dose**
Charaka samhita	*Tiktekshvakadi oil*[36]	*Tiloki, Chitraka, Murva, Haldi, Pippali, Kutaki, Erandamula, Daruhaldi, Kasisa, Mustard Oil*	Massage
	Vipadikahara oil[37]	*Manjishta, Daruhaldi, Kampillaka, Mustard Oil*	
	Triphaladi kwatha[38]	*Triphala, Nimba, Patola, Manjishta, Kutaki, Vacha, Haldi*	Internal use
Susrutha samhita	*Tiktaka grita*	*Triphala, Patola, Kutaki, Nimba, Yavasa, Pitapapada*	Internal use
Ashtanga	*Vajraka oil*	*Shireesha, Chitraka, Sariva,*	Local application

hridaya		*Nimba, Triphala, Haldi, Kalimircha, Karanja Seed*	
	Mahavajraka oil	*Castor Root, Nagarmotha, Bharngi, Bilwa, Haratal, Gandhaka, Manahsila*	
	Kushtadi oil	*Kutha, Kanera, Arka Milk, Gomutra, Vatsanabha*	
Chakradhatta	*Navaka kashaya*	*Triphala, Patola, Nimba, Haridra, Manjishta*	Internal use
	Patoladi kwatha	*Patola, Khadira, Triphala*	
	Mahakhadirakam gritam	*Khadia, Sheeshma, Vijayasara, Nimba, Haridra, Triphala, Nisotha*	Internal use
	Panchatiktagrita guggulu	*Nimba, Patola, Kutaki, Vacha, Triphala, Manjishta, Haridra, Guduchi, Pippali, Kantakari Bilwa*	Internal use

Table 3: Pathya- Apathya.[39]

***Pathya Ahara* (Do's)**	***Apathya Ahara* (Don't)**
Diet prepared from*Sali, Yava, Godhuma, Koradusha, Priyangu, Mudga, Masura, Tuvari*	Sour, salty and pungent foods
Bitter vegetables	*Dadhi, Guda, Tila, Masha*
Meat of animals of desert land, processed with *Vara, Patola, Khadira, Nimba, Arushkara*	Meat of animals of marshland (*Aanupamansa*)
Wine prepared with addition of medicinal drugs	
Churned juice of *Bakuchi*	

DISCUSSION

Upon examining *Kushta* in the literature on Ayurveda, it becomes evident that Psoriasis shares many similarities with *Eka, Kitibha*, and *Sidhma kushta*, which fall under the categories of *Kshudrakushtas* and *Mahakushta*, respectively. *Nidan, Purvarupa, Rupa, Upasaya*, and *Samprapti* of *Kushta*, or Panchanidan of *Kushta*, are researched concurrently with the etiopathogenesis and symptomatology of psoriasis. The *Kushta* mentions *Aharaja Nidana*, but contemporary research indicates that nutrition also contributes to the aetiopathogenesis of psoriasis. Environmental factors that are discussed include excessive physical activity, sun exposure, ultraviolet light injuries, and other types of mechanical injuries. While *Samsargaja Nidana* was referenced in classical texts, infection is thought to be the initiating element. As *Manasika Nidana* noted for *Kushta*, psychological stress may contribute to the emergence of dermatological problems. In *Kushta.* genetic components can be grouped under *kulaja nidana*, which means that *Kushta* is an *Adibalaprabritta vyadhi.* In terms of pathogenesis, a significant number of activated T-lymphocytes have penetrated the

epidermis and seem to be able to stimulate the proliferation of keratinocytes. Vascular engorgement brought on by superficial blood vessel dilatation and disrupted epidermal cell cycle are two important findings in the afflicted skin. An increased cell turnover rate (from 23 d to 3-5 d) brought on by epidermal hyperplasia causes abnormal cell maturation. Affected epidermal cells not only exhibit parakeratosis but also inadequate lipid release, which cements corneocyte adhesions. This leads to a poorly adherent stratum. Psoriasis flakes and scales are caused by corneum. *Kushta's Samprapti* states that because of the vitiated *Tridoshas*, the *Saithilya* of *Twak, Rakta, Mamsa, and Lasika* seek refuge there and give rise to *Kushta*. More research is needed to determine whether the pathogenesis of *Kushta* and psoriasis are closely related. Very little information is available about prodromal symptoms of psoriasis, although *Purvarupa*s of *Kushta* are being emphasized at the same time. The clinical aspects indicate that psoriasis is primarily similar to the *Rupa* of *Sidhma kushta, Kitibha kushta,* and *Ekakushta*. There is little available information about prognosis. Changes in mortality observed in patients with severe psoriasis may also be explained if the severe form of the disease is linked to long-term health issues like cancer or heart disease. Patients that exhibit severe thirst, burning sensations, or both are considered *Asadhya*, or incurable. There is very little scope for treating psoriasis in current medicine. There are several formulations available for systemic and tropical uses. However, there are major adverse consequences from the therapy processes. However, there are extremely good therapy methods for *Kushta* in the old ayurveda classics. The *Nidana Parivarjana*, which Ayurveda stresses as the first line of treatment for any illness, can also be used to stop the onset of psoriasis, a chronic skin condition. Since the several types of *Kushta* described above have similar symptoms to psoriasis, *Panchakarma* cleansing therapies and *Shamana* therapies are far more effective than modern medications.

CONCLUSION

People of all ages and genders are susceptible to psoriasis, a chronic inflammatory skin disorder that is not contagious. Well-defined erythematous plaques with silvery scales that change over time are its defining feature. In Ayurvedic literature, *Kustha* is listed as one of the most chronic illnesses. Ayurveda covered a broad spectrum of dermatological illnesses under *Kustha*, including their categorization, etiopathogenesis, clinical manifestation, prophylaxis, and treatment. The Ayurvedic descriptions of dermatological disorders, disease processes and treatment modes are highlighted here along with their contemporary equivalents, and the classic remedies are concentrated in this study to offer management in a

natural approach without any negative side effects. However, more discussion of this article is necessary in order to come to a useful conclusion on the basis of research-based evaluation.

REFERENCES

1. Agnivesa, CharakSamhita, editor&Englishtranslator, prof. P.V. Sharma, reprint2008, chukhambha ayurved pratisthan, Varanasi(India) *Chikitsa Sthan*, 7/21, 127.
2. Charaka Samhita, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd. Harish Chandra Singh Kushwaha Vol- 7/21, Varanasi: Chaukhamba Orientalia, 2009; 198.
3. Caraka Samhita, *Sutrasthana* Ayurveda Dipika Ayushi, Hindi commentary edited by Vd. Harish Chandra Singh Kushwaha Vol-4 7/21, Varanasi: Chaukhamba Orientalia, 2009; 251.
4. Shushrutsamhita, edited with 'sushutavimarshini' hindi commentary by dr anantram Sharma, reprint 2012, chaukhambhasurbharti, Varanasi (India*) Nidan Shtan5*/9, 495.
5. Griffiths CEM, Barker JNWN. Psoriasis. In: Burns T, Breathnach S, Cox N, Griffiths C, editors. Rook's Textbook of Dermatology. 9th ed. Oxford: Wiley-Blackwell, 2016; 35. 1-35.48.
6. Burns T., Stephen B., Neil C. Book's Textbook of Dermatology. Christopher G.Vol.1, 8 ed.; 20.1; 2010. available from: http://onlinelibrary.wiley.com/book/10.1002.
7. Thomas J. Epidemiology and Pathogenesis of Psoriasis. In: Textbook of Psoriasis. New Delhi: Jaypee Brothers Medical Publishers, 2016; 1-18.
8. Sacchidanand S, Oberai C, Inamadar AC. Psoriasis. In: IADVL Textbook of Dermatology. 5th ed. Mumbai: Bhalani Publishing House, 2015; 1020-1024.
9. Sacchidanand S, Inamadar AC, editors. Psoriasis. In: IADVL Textbook of Dermatology. 5th ed. Mumbai: Bhalani Publishing House, 2022; 1040-1042.
10. www.ijdvl.com/article asp? issn-0378-6323, year 2010. 6,7,8] Y.P. Munjal (editor in chief), API Textbook of Medicine, 2015; edition, 1: 678.
11. Das S, De A, Chalam KV, Singh S, editors. *Epidemiology of Psoriasis*. In: IADVL SIG Handbook on Psoriasis. 1st ed. New Delhi: Jaypee Brothers Medical Publishers, 2025; 1-10.
12. Sushruta, Sushruta Samhita, edition by Ayuveda tattva sandipika Hindi commentary, by Kaviraja ambikadutta shastri, part 1st, Chaukhambha Sanskrit sansthan, Varanasi, reprint 2018. *Nidan Sthan*, chapter 5th. *Shloka* no. 3, 319.

13. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K.Sharma,Charak Chikitsa sthana7, *Kushta chikitsa Adhyaya Shloka* no 4-8 Page no 319, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
14. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak *Chikitsa sthana7*, *Kushta chikitsa Adhyaya Shloka* no 11-12, 331, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
15. Charaka Samhita, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd. Harish Chandra Singh Kushwaha Vol-II 7/21, Varanasi: Chaukhamba Orientalia, 2009; 198.
16. Sharma PV. *Sushruta Samhita with English Translation of Text and Dalhana's Commentary*. Vol. 1. Varanasi: Chaukhambha Vishvabharati; 2018. *Nidana Sthana*, Chapter 5 (Kushta Nidana), Verse 13. 57.
17. Ashtangahridayam translated by Prof. K.R. Srikantha Murthy, *Nidan Sthan* 14, *Kushta Svitra Krimi Nidan Kusthta Adhayay Shloka* no 2-3 Page no136, Published by Chowkhamba Krishnadas Academy, Varanasi, Reprint, 2018.
18. Saste D, Mytrhey RC. Management of *Ekakushta* vis-à-vis Chronic Plaque Psoriasis with *Guduchi Kwatha* and *Karanja Taila* - A Clinical Study. *J Ayurveda Integr Med Sci*., 2022; 7(9): 11-18.
19. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak *Chikitsa sthana7*, *Kushta chikitsa Adhyaya Shloka* no 37-38, 328, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
20. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak Chikitsa sthana7, *Kushta chikitsa Adhyaya Shloka* no 4-8, 319, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint 2011.
21. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak Chikitsa sthana7, *Kushta chikitsa Adhyaya Shloka* no 39-40, 329, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
22. Ashtangahridayam translated by Prof. K.R. Srikantha Murthy, *Chikitsa Sthan Sthan* 19, *Kusthta Chikitsa Adhayay Shloka* no 1-2, 473, Published by Chowkhamba Krishnadas Academy, Varanasi, Reprint, 2018.
23. Charaka. *Charaka Samhita*. Revised by Dridhabala. Translated by P V Sharma. Vol. 4. Varanasi: Chaukhambha Orientalia; 2014. *Chikitsa Sthana*, *Kushta Chikitsa Adhyaya* (7th Chapter), 286–287.
24. Vagbhata. *Ashtanga Hridaya*. Translated by K.R. Srikantha Murthy. Vol. 1. Varanasi: Krishnadas Academy; 2012. *Sutra Sthana*, *Swedavidhi Adhyaya*, 219–221.

25. Charaka. *Charaka Samhita*. Revised by Dridhabala. Translated by Sharma PV. Vol. 4. Varanasi: Chaukhambha Orientalia; 2014. *Chikitsa Sthana*, Chapter 7 (*Kushta Chikitsa*), 286–292.
26. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak *Chikitsa sthana*7, *Kushta chikitsa Adhyaya Shloka* no 43-44, 330, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
27. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K.Sharma, Charak *Chikitsa sthana7, Kushta chikitsa Adhyaya Shloka* no 44-45, 330, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
28. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak *Sidhi Sthan*2, *Panchakarmeeyam sidhi Adhyaya Shloka* no 14&17, 189&194, Published by -Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
29. Ashtangahridayam translated by Prof. K.R. Srikantha Murthy, *Chikitsa Sthan* 19, *Kusthta Chikitsa Adhayay Shloka* no 16, 474, Published by Chowkhamba Krishnadas Academy, Varanasi, Reprint, 2018.
30. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K.Sharma, Charak *Chikitsa sthana7, Kushta chikitsa Adhyaya Shloka* no 61, 335, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
31. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K.Sharma, Charak *Chikitsa sthana7, Kushta chikitsa Adhyaya Shloka* no 62-64Page no 336, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
32. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K.Sharma, Charak *Chikitsa sthana7, Kushta chikitsa Adhyaya Shloka* no 65-67, 337, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
33. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K.Sharma, Charak *Chikitsa sthana7, Kushta chikitsa Adhyaya Shloka* no 68-69, 338, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
34. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak Chikitsa sthana7, Kushta chikitsa Adhyaya Shloka no 44-45Page no 330, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.
35. Charaka Samhita of Agnivesha volume2, edited by Bhagva Das&R.K. Sharma, Charak *Chikitsa sthana7, Kushta chikitsa Adhyaya Shloka* no 43-44, 330, Published by - Chaukambha Sanskrita Sansthana Varanasi, reprint, 2011.

36. Agnivesha. Charaka Samhita, *Chikitsa Sthana*, Chapter 7, Verses 84-90 (*Tikta-kashaya Sneha* and *Taila* for *Kushta)*. Varanasi: Chaukhamba Sanskrit Series Office, 2009.
37. Shastri K., Kushta Chikitsa. Pandeya G.(ed.), Charak Samhita, Vidhyotinika vol.2, Chaukambha Sanskrit, Varanasi, 2009; 7/120: 267.
38. Shastri K., *Kushta Chikitsa*. Pandeya G.(ed.), Charaka Samhita, Vidhyotini tika vol.2, Chaukambha Sanskrit, Varanasi, 2009; 7/100: 265.
39. Ashtangahridayam translated by Prof.K.R.Srikantha Murthy, *Chikitsa Sthan* 19, *Kusthta Chikitsa Adhayay Shloka* no 25-27 Page no476, Published by Chowkhamba Krishnadas Academy, Varanasi, Reprint, 2018.