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A Comprehensive Review on Ekkakushta with Special Reference to Psoriasis

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Abstract

Ekkakushta, one of the Kshudra Kushtha described in the Ayurvedic classics, bears close resemblance to psoriasis in modern dermatology. It is a chronic, relapsing disorder characterized by thick, scaly plaques, dryness, and the absence of sweating (अस्वेदनम्). The present review attempts to correlate the classical descriptions of Ekkakushta with the modern understanding of psoriasis, covering etiology, pathogenesis, clinical features, and holistic management approaches. Ayurveda offers detoxification and pacification therapies that aim not only at symptom control but also at the correction of underlying dosha dushti.

Introduction

Skin, being the mirror of internal health, reflects the balance or imbalance of dosha and dhatu. Among the skin diseases described in Ayurveda, Kushtha occupies a major place. Ekkakushta is included under Kshudra Kushtha (minor varieties), yet its chronic nature, recurrence, and psychosocial impact make it clinically significant.

Ayurvedic classics such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya have elaborated Kushtha in terms of Tridosha Prakopa (त्रिदोष प्रकोप) and Dhatu Dushti (धातु दुष्टि), mainly involving Twak, Rakta, Mamsa, and Lasika. The features like Mahavastu (महावस्तु – large patches), Matsyashakalopama (मत्स्यशकलोपम – fish-scale appearance), and Aswedanam (absence of sweating) resemble the silvery scaling seen in psoriasis.

In modern medicine, psoriasis is a chronic autoimmune skin disease characterized by hyperproliferation of keratinocytes and inflammation. Its recurrent nature and association with systemic comorbidities like arthritis correspond to the Ayurvedic concept of Doshic imbalance extending to deeper tissues. Hence, comparative study of Ekkakushta and psoriasis is important for integrative management.

Nidana (Etiological Factors)

Ayurveda describes numerous Kushtha Nidanas such as consumption of mutually incompatible foods (Viruddhahara – विरुद्धाहार), irregular eating habits (Adhyashana – अध्यशन), excessive intake of sour, salty, and fermented substances, suppression of natural urges, and indulgence in sinful acts leading to Papakarma. These cause aggravation of Vata and Kapha dosha, resulting in obstruction of the Srotas and vitiation of Twak Rakta Mamsa Lasika Dhatu.

Modern science identifies similar precipitating factors: genetic predisposition, stress, infection, injury (Koebner phenomenon), and metabolic disturbances. The role of immunity and inflammatory mediators like TNF-α and interleukins parallels the Ayurvedic idea of Ama Sanchaya (आम संचय – accumulation of toxic metabolites).

Samprapti (Pathogenesis)

The pathogenesis of Ekkakushta begins with Tridosha Prakopa, predominantly Vata and Kapha. Vata causes Rukshata (रूक्षता – dryness) and Kharata (खरता – roughness), while Kapha leads to Kandu (itching), Shaitya (coldness), and Gaurava (heaviness). When these vitiated doshas localize in Twak and Rakta Dhatu, they obstruct the microchannels (Srotorodha – स्रोतोरोध), producing thick, dry plaques and scaling.

Samprapti Ghataka:

Dosha: Vata-Kapha dominance
Dushya: Twak, Rakta, Mamsa, Lasika
Srotas: Rasavaha & Raktavaha
Agni: Mandagni (मन्दाग्नि – low metabolism)
Udbhava Sthana: Amashaya
Vyaktasthana: Twak (त्वक् – skin)

This process results in Matsyashakalopama Twak, analogous to the psoriatic plaque formed due to epidermal hyperplasia and excessive keratinization.

Lakshana (Clinical Features)

Classically, Ekkakushta presents with:
1. Aswedanam – Absence of sweating
2. Mahavastu – Extensive lesions
3. Matsyashakalopama – Fish-scale appearance

Additional features include dryness, thickening, scaling, and discoloration. In psoriasis, erythematous plaques with silvery scales, itching, burning, and the Auspitz sign are diagnostic. Both conditions share chronicity, recurrence, and aggravation during stress and cold weather.

Chikitsa (Treatment Principles)

The line of treatment for Ekkakushta is based on Shodhana and Shamana principles.

Shodhana Therapy (Purification)

Virechana (विरेचन) – Elimination of vitiated Pitta and Kapha through purgation.

Raktamokshana (रक्तमोक्षण) – Useful in Raktaja Kushtha.

Vamana (वमन) – In cases of Kapha-dominant Kushtha.

Abhyanga and Swedana (अभ्यंग स्वेदन) – Improve skin texture and circulation.

Shamana Therapy (Palliative)

Internal Medications: Panchtikta Ghrita Guggulu, Mahatiktaka Kashaya, Arogya Vardhini Vati, Gandhak Rasayana.

External Applications: Karavira Taila, Nimba Taila, Manjishthadi Lepa.
Rasayana Therapy: Guduchi (Tinospora cordifolia), Amalaki, Haridra to enhance immunity and tissue regeneration.

Pathya and Apathya

Pathya: Use of bitter and astringent foods, regular exercise, mental calmness.
Apathya: Fish with milk, curd at night, junk food, day sleep, and suppression of natural urges.

Modern Correlation – Psoriasis

Psoriasis is an immune-mediated chronic inflammatory disease involving genetic and environmental factors. Overactivation of T-cells leads to cytokine cascade and epidermal hyperproliferation. Common types include plaque, guttate, pustular, and erythrodermic psoriasis.
Modern management includes topical corticosteroids, vitamin D analogues, phototherapy (NB-UVB, PUVA), systemic immunosuppressants (methotrexate, cyclosporine), and biologics targeting TNF-α and IL-17 pathways. Stress management, dietary modification, and moisturization are supportive measures aligning with Ayurvedic lifestyle regulation (Dinacharya and Ritucharya).

Comparative Discussion

Aspect	Ayurveda (Ekkakushta)	Modern (Psoriasis)
Etiology	Viruddhahara, Adhyashana, Aharaja and Manasika Nidana	Genetic, autoimmune, environmental triggers
Dosha Dominance	Vata-Kapha Pradhana	Immunologic and inflammatory mediated
Pathogenesis	Srotorodha and Dhatu Dushti	Hyperproliferation of keratinocytes
Clinical Features	Aswedanam, Matsyashakalopama	Silvery scales, Auspitz sign
Management	Shodhana & Shamana Chikitsa	Topical and systemic therapy
Philosophy	Correction of root cause (Dosha balance)	Symptom control and immune modulation

Integrating both systems can enhance therapeutic outcomes—detoxification and lifestyle correction from Ayurveda with targeted pharmacotherapy from modern medicine.

Conclusion

Ekkakushta closely correlates with psoriasis in clinical presentation and chronicity. Ayurveda offers a comprehensive approach focusing on internal purification, dietary discipline, and mind-body balance. Modern insights into immunopathology support the traditional understanding of Dosha Dushti and Ama Sanchaya. A combined integrative approach may provide sustainable relief and better quality of life for patients.

References

1. Charaka Samhita – Chikitsa Sthana, Kushtha Chikitsa Adhyaya.
2. Sushruta Samhita – Nidana Sthana 5/1-20.
3. Ashtanga Hridaya – Nidana Sthana 14.
4. Bhavaprakasha – Madhyama Khanda, Kushtha Roga.
5. Davidson's Principles and Practice of Medicine, Dermatology Section.
6. Rook's Textbook of Dermatology, 9th Edition.

7. Khare C.P. (2007). Indian Medicinal Plants: An Illustrated Dictionary. Springer.
8. Parameshwar A., et al. (2020). “An Ayurvedic Perspective of Psoriasis (Ekkakushta).” Journal of Ayurvedic Research, 4(2), 101-108.
9. Dogra S., Yadav S. (2010). “Psoriasis: Epidemiology and Clinical Spectrum.” Indian Journal of Dermatology, 55(2), 118-126.
10. Patil H.B., (2018). Clinical Study of Ekkakushta with Special Reference to Psoriasis. Ayurved Mahavidyalaya, Research Department.