



A COMPREHENSIVE REVIEW ON THE MANAGEMENT OF EK KUSHTHA WITH SPECIAL REFERENCE TO PSORIASIS

**Sandeep kirtibhai Rathod¹, Dr. Yogesh Yadav², Dr. Pushpendra Kumar Pandey³,
Dr. Ashish Choyal⁴**

1 Undergraduate student, 2 Assistant Professor, Department of Shalya Tantra, 3 Professor and HOD, Department of Sahita Siddhanta, 4 Associate Professor, Department of Panchkarma.

R.N. Kapoor memorial Ayurvedic Medical college and hospital, Dr. A.P.J. Abdul kalam University, Indore, Madhya Pradesh, India

Corresponding author: Dr Yogesh Yadav, email: dryogeshyadav00@gmail.com

Abstract :

Psoriasis is a chronic, relapsing, immune-mediated inflammatory skin disease that affects about 2 to 3 percent of the world population and causes considerable physical and psychological suffering. Modern treatment gives good control but is limited by side effects, cost and frequent recurrence, which leads many patients to seek *Ayurvedic* care. In *Ayurveda*, *Ek Kushtha*, a type of *Kshudra Kushtha* characterised by *Aswedanam*, *Mahavastu* and *Matsya shakalopamam*, is the condition most commonly correlated with psoriasis. This review aims to study the management of *Ek Kushtha* with special reference to psoriasis. It is based on classical *Ayurvedic* texts with their commentaries, modern dermatology textbooks, and research articles from journals and reliable internet sources. The *Nidana*, *Samprapti*, *Rupa* and *Sadhya-Asadhyata* of *Ek Kushtha* were compiled and compared with the modern understanding of psoriasis, and the two conditions show close clinical similarity, although the correlation is not an exact equivalent. *Ayurvedic* management comprises *Nidana Parivarjana*, *Shodhana*, *Shamana*, *Bahya chikitsa*, *Pathya-Apathya*, *Rasayana* and *Satvavajaya*, with *Shodhana*, especially *Vamana* and *Virechana*, regarded as the most important. Modern management relies on topical agents, phototherapy, systemic drugs and biologics, which control severe flares faster but are limited by long-term side effects and cost. External therapies such as *Abhyanga* and *Lepa*, along with *Tikta* drugs such as *Guduchi*, *Neem* and *Haridra*, help to reduce dryness, scaling and itching. *Ayurvedic* management appears to be a useful option for psoriasis, particularly for long-term control and prevention of relapse, and an integrative approach combining both systems may give better outcomes. Diet, lifestyle correction and stress management also have a scientific basis, since obesity, alcohol, smoking and stress are known to worsen psoriasis. However, most available studies are small and lack control groups or long follow-up, so well-designed randomised controlled trials with standard outcome measures such as PASI are needed.

IndexTerms - Ayurveda, Ek Kushtha, Kshudra Kushtha, Psoriasis, Shamana, Shodhana

INTRODUCTION

The skin is the largest organ of the body and works as a barrier against the environment. It also reflects the internal health of a person. Any disturbance of the skin affects not only the body but also appearance, confidence and social life. Because of this, skin diseases have a large psychological impact on patients.

In *Ayurveda*, the word *Kushtha* is used for diseases that spoil the skin and make it look ugly. The word comes from the root "*Kush*", which means to tear or to spoil. Classical texts like *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya* describe *Kushtha* in detail.⁴⁻⁶ *Acharya* Charaka has explained *Kushtha* in *Chikitsa Sthana*, chapter 7, and divided it into 7 *Maha Kushtha* and 11 *Kshudra Kushtha*.⁴ *Ek Kushtha* is included in the *Kshudra Kushtha* group.

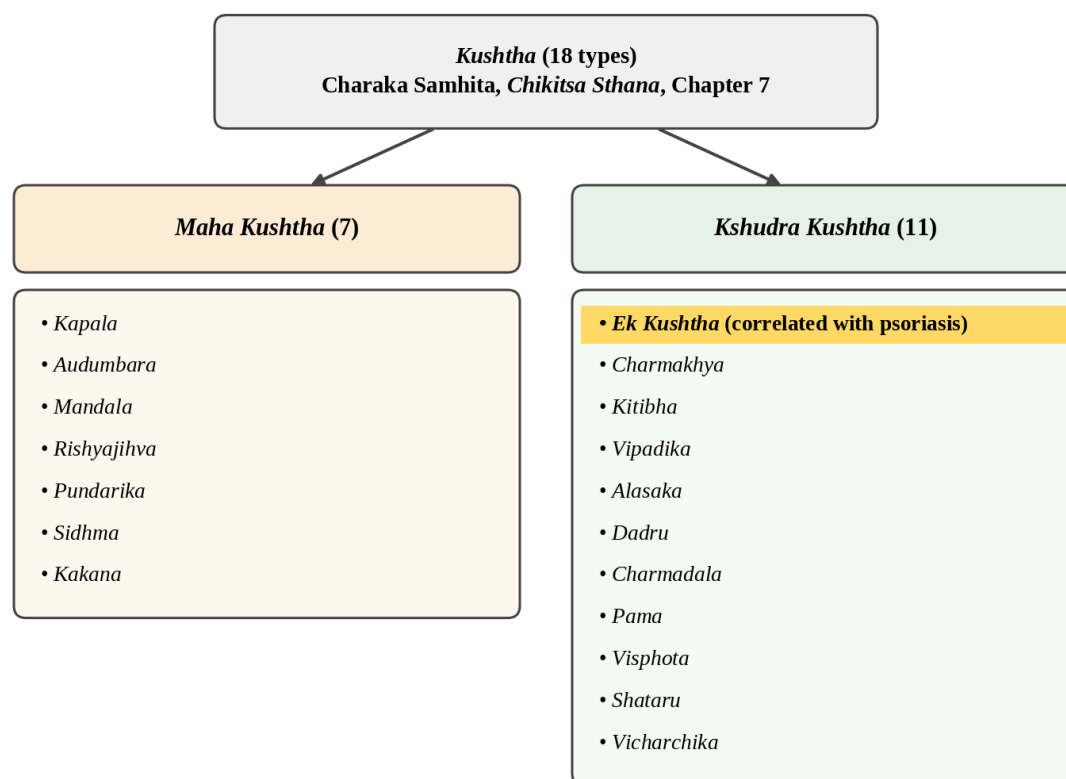


Figure 1. Classification of *Kushtha* according to *Charaka Samhita* (7 *Maha Kushtha* and 11 *Kshudra Kushtha*).

Psoriasis is a chronic inflammatory skin disease with periods of remission and relapse. It presents with well-defined erythematous plaques covered with silvery-white scales. It can also involve the nails and joints.^{7,8} In *Ayurvedic* practice, *Ek Kushtha* is the disease that is most commonly correlated with psoriasis, because the classical symptoms match closely.

Modern medicine manages psoriasis with steroids, keratolytics, phototherapy, immunosuppressants and biologics. These give good relief but have side effects and require appropriate monitoring.⁸⁻¹⁰ Because of this, many patients look for *Ayurvedic* treatment. This is the reason for choosing this topic for review.

MATERIALS AND METHODS

This is a literature review. The material was collected from *Ayurvedic* classical texts, namely *Charaka Samhita*,⁴ *Sushruta Samhita*,⁵ *Ashtanga Hridaya*,⁶ *Madhava Nidana*,¹¹ *Bhaishajya Ratnavali*¹² and *Sharangadhara Samhita*,¹³ along with their commentaries; from modern textbooks of dermatology and medicine;^{14,15} and from research articles, journals and reliable internet sources.^{7,8} The collected data was arranged under proper headings and studied to draw a conclusion.

REVIEW OF LITERATURE

Historical Review

References to skin diseases are found even in the *Vedic* period. In *Atharvaveda*, the words *Kilasa* and *Balasa* are used for skin disorders. In *Brihatrayi*, *Kushtha* is described in detail with its causes, types, symptoms and treatment.⁴⁻⁶ Charaka considered *Kushtha* a *Raktaja* and *Tridoshaja* disease with involvement of *Twak*, *Rakta*, *Mamsa* and *Ambu*.⁴ Later authors such as Vagbhata and Madhavakara added further details on classification and prognosis.^{6,11}

Nirukti and Definition

"*Kushnati Angam Iti Kushtham*": that which spoils the body is called *Kushtha*. The word *Ek* means one and *Kushtha* means skin disease, but in this context, the name indicates a specific type of *Kushtha* with distinct features.⁴

Nidana (Etiology)

The causes of *Kushtha* are described in the classics^{4,5,11} and can be grouped as dietary, lifestyle, psychological and other causes. Among the *Aharaja* (dietary) causes are *Virudha ahara* (incompatible food) such as milk with fish, or milk with salty and sour items; excess intake of *Guru*, *Snigdha* and *Abhishyandi* food; excess intake of curd, sour foods, salt, jaggery, sesame and black gram; and *Adhyashana* (taking food before the previous meal is digested). *Viharaja* (lifestyle) causes include sudden exposure to heat after cold, or cold after heat; suppression of natural urges, especially vomiting; *Divaswapna* (sleeping during the day); exercise or exposure to sun immediately after heavy meals; and improper use of *Panchakarma*. Among the *Manasika* (psychological) causes are stress, anxiety and grief, and modern science also recognises psychological stress as an important factor that may exacerbate psoriasis.^{3,7} Other causes mentioned include disrespect to teachers and sages and *Papakarma* (sinful acts), which are described as *Purvajanma krita* causes, as well as *Beeja dosha* (genetic factors) and contact with people who have skin disease.

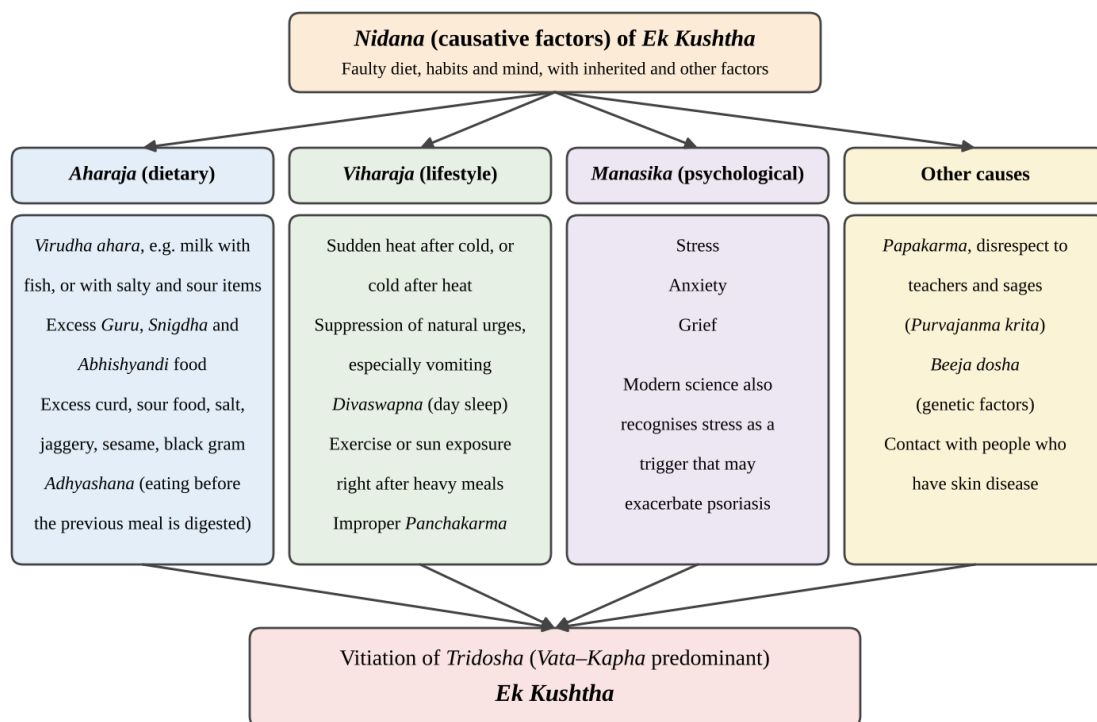


Figure 2. Nidana (causative factors) of Ek Kushtha: dietary, lifestyle, psychological and other causes.

Samprapti (Pathogenesis)

According to Charaka, the *Tridoshas* get vitiated by the above causes. The vitiated *doshas* then affect four *Dushyas*: *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle) and *Ambu* or *Lasika* (lymph). These seven together are called *Saptako Dravya Sangraha*, the basis of *Kushtha*.⁴

The vitiated *doshas* travel through the body and settle in the *Tiryaga sira* (superficial channels). They take *Sthana Samshraya* in the skin and produce the symptoms of *Kushtha*.^{4,5} In *Ek Kushtha*, the *Vata* and *Kapha* *doshas* are predominant.

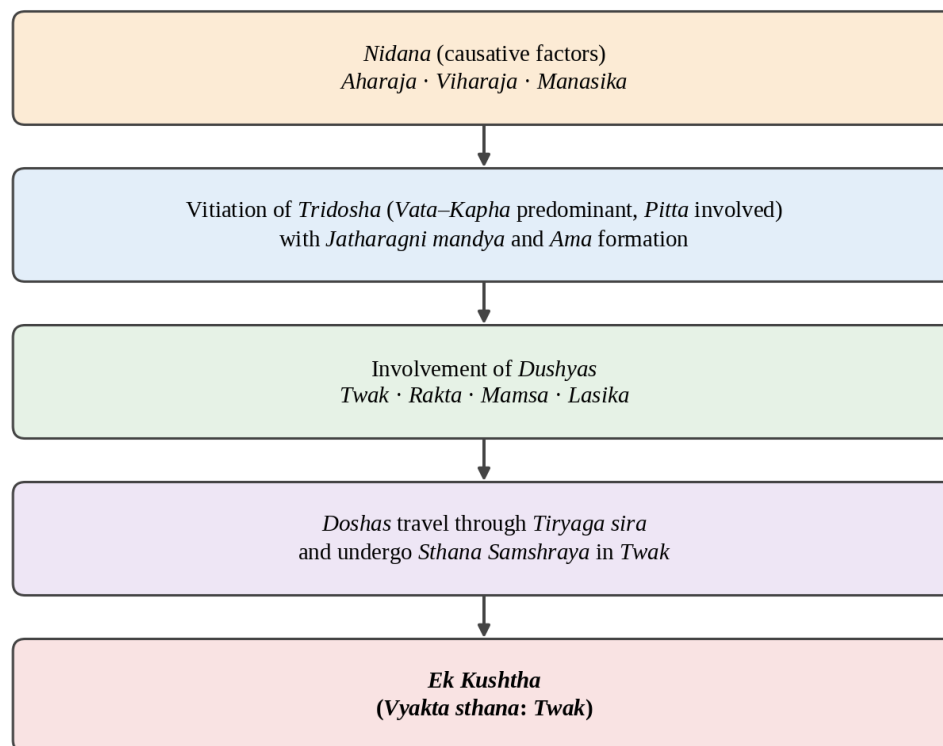


Figure 3. Samprapti (pathogenesis) of *Ek Kushtha*.

The *Samprapti Ghataka* of *Ek Kushtha* can be summarised as follows. The *Dosha* involved are *Vata* and *Kapha* predominance with *Pitta* involvement, and the *Dushya* are *Twak*, *Rakta*, *Mamsa* and *Lasika*. *Agni* is affected in the form of *Jatharagni mandya* and *Dhatvagni mandya*. The *Srotas* involved are *Rasavaha*, *Raktavaha* and *Mamsavaha*, and the *Srotodushti* is of the *Sanga* and *Vimargagamana* type. The *Udbhava sthana* is *Amashaya*, the *Vyakta sthana* is *Twak*, and the *Rogamarga* is *Bahya*.

Rupa (Clinical Features) of Ek Kushtha

Acharya Charaka describes *Ek Kushtha* as having *Aswedanam* (absence of sweating), *Mahavastu* (involvement of a large area of the body) and *Matsya shakalopamam* (scales resembling fish scales).⁴ Other features described by later authors and commentators include *Krishna-Aruna varna* (blackish-red color), *Kandu* (itching), *Ruksha* (dryness) and *Khara sparsha* (rough touch).^{6,11}

Sadhya-Asadhyata (Prognosis)

Kushtha in general is difficult to treat. It is easier to treat when only one *dosha* is involved and the disease is recent. It is difficult when it is chronic, involves all three *doshas* and affects deeper *dhatu*.^{4,5} *Ek Kushtha* is considered *Kricchra sadhya* (difficult to cure) because of its chronic and relapsing nature, although it can be controlled with proper treatment.

Psoriasis: Modern View

Definition: Psoriasis is a chronic, non-contagious, immune-mediated inflammatory skin disease characterized by well-defined erythematous plaques with silvery-white scales.^{7,8}

Epidemiology: The prevalence is about 2 to 3 percent worldwide, and in India it is reported at around 0.4 to 2.8 percent.^{8,15} It affects both sexes equally and can start at any age, with peaks in the second to third decade and again in the fifth to sixth decade.¹⁴

Etiology and risk factors: Genetic predisposition is important, with HLA-Cw6 being the best known association. Infections such as streptococcal throat infection (especially in guttate psoriasis), drugs such as beta blockers, lithium, antimalarials and NSAIDs, stress, alcohol, smoking and obesity, trauma to the skin (the Koebner phenomenon), and cold and dry climate can also act as risk factors or triggers.

Pathogenesis: Psoriasis is mainly an immune-mediated disease. Dendritic cells activate T-cells, which release cytokines such as TNF- α , IL-17 and IL-23. These cytokines make the keratinocytes multiply very fast. The normal skin turnover time is about 28 days, but in psoriasis it is reduced to 3 to 5 days. As a result, immature cells pile up and form thick scales.^{7,8,16}

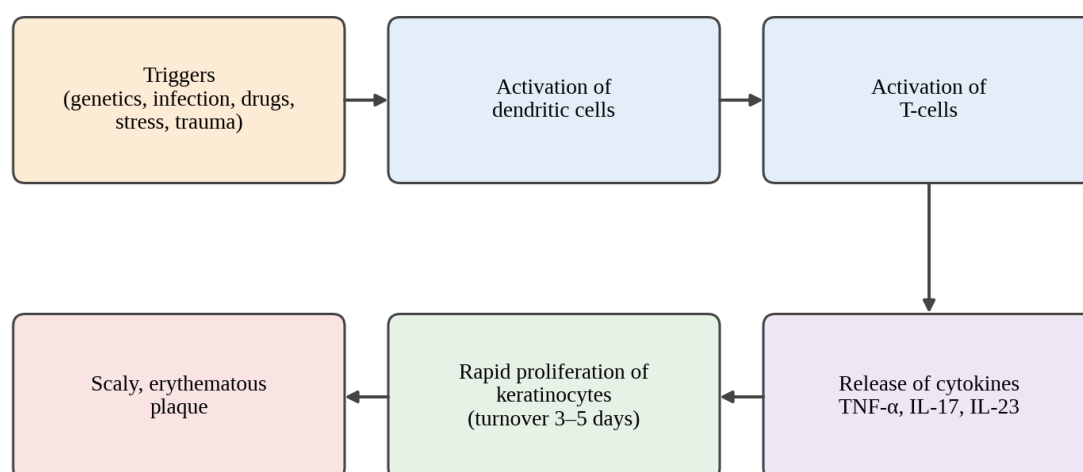


Figure 4. Pathogenesis of psoriasis, from triggers to plaque formation.

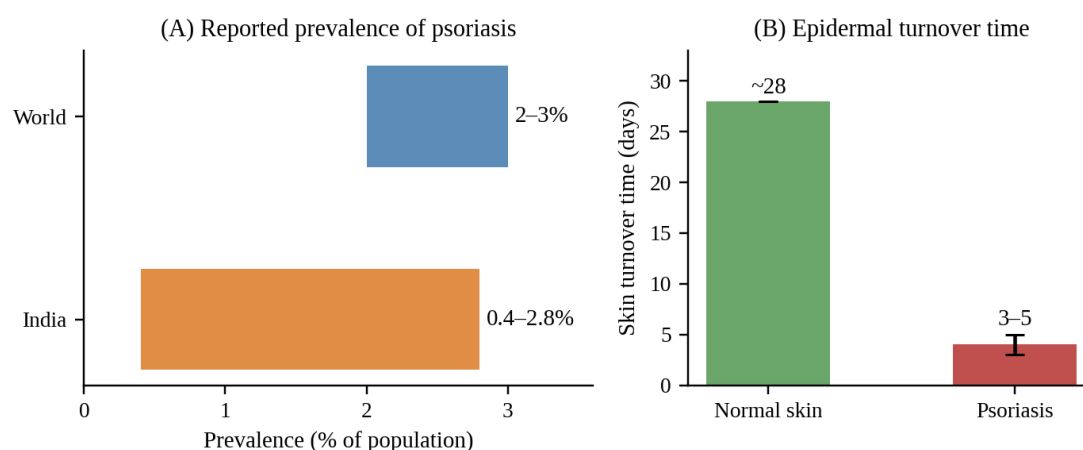


Figure 5. (A) Reported prevalence of psoriasis worldwide and in India. (B) Epidermal turnover time in normal skin and in psoriasis.

Clinical types: Psoriasis is classified into plaque psoriasis (psoriasis vulgaris), which is the most common type, guttate psoriasis, inverse (flexural) psoriasis, pustular psoriasis, erythrodermic psoriasis, psoriatic arthritis and nail psoriasis.^{14,15}

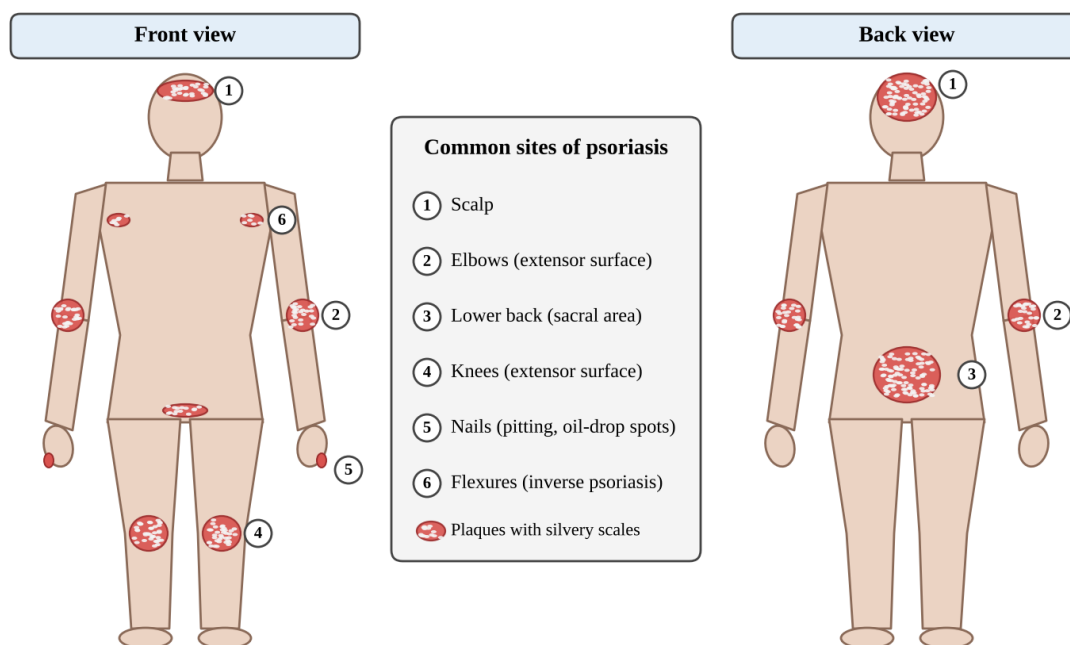


Figure 6. Common sites of psoriasis (front and back views).

Clinical signs: The Auspitz sign is pinpoint bleeding on removal of the scale. In the candle grease sign, scraping the plaque produces white scales like scraping a candle. In the Koebner phenomenon, new lesions appear at the site of skin injury. Nail changes include pitting, oil-drop discoloration and onycholysis.

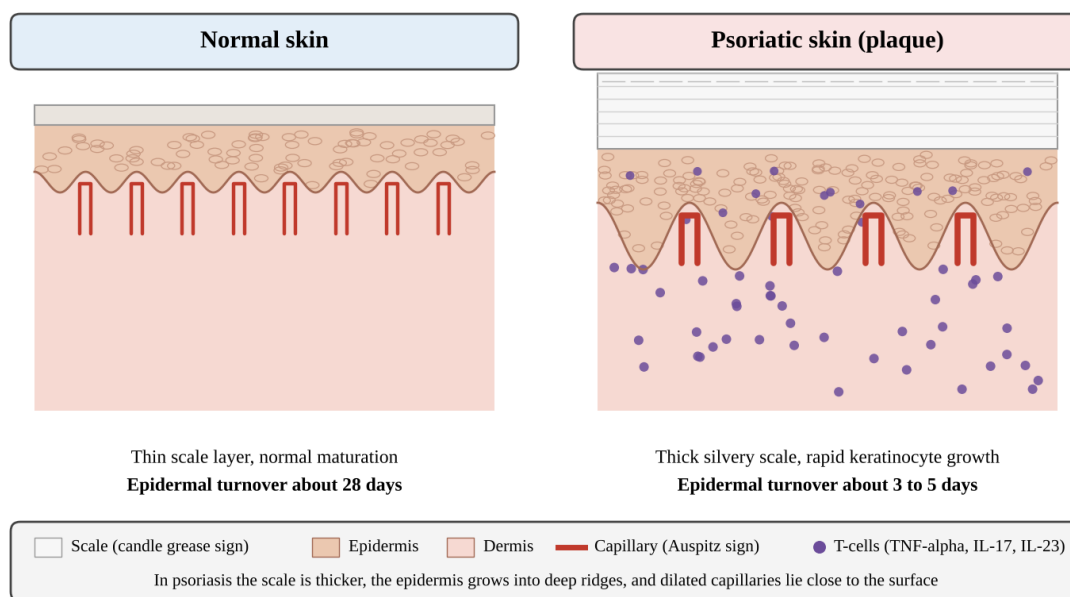


Figure 7. Schematic cross-section of normal skin and a psoriatic plaque, showing thick scale, epidermal thickening, dilated capillaries and T-cell infiltrate.

Assessment: Severity is measured using the PASI score (Psoriasis Area and Severity Index), BSA (body surface area) and DLQI (Dermatology Life Quality Index).^{10,14,17}

Comorbidities: Psoriatic arthritis, metabolic syndrome, cardiovascular disease, diabetes, depression and inflammatory bowel disease.^{8,18}

Correlation of Ek Kushtha with Psoriasis

<i>Ek Kushtha</i>	Psoriasis
<i>Aswedanam</i> (no sweating)	Dryness of plaques, reduced sweating over lesions
<i>Mahavastu</i> (large area)	Widespread plaques involving large body surface
<i>Matsya shakalopamam</i>	Silvery scales, candle grease sign
<i>Krishna-Aruna varna</i>	Erythematous, reddish-dark plaques
<i>Kandu</i> (itching)	Pruritus
Chronic and relapsing	Chronic with remissions and relapses
<i>Vata-Kapha</i> predominance	Dry, scaly lesions with thickening
<i>Rakta dushti</i>	Auspitz sign (bleeding on scraping)

Some scholars also compare psoriasis with *Kitibha Kushtha*, *Charmadala* and *Sidhma*. However, most authors accept *Ek Kushtha* as the closest match, because *Matsya shakalopamam* and *Aswedanam* are typical of psoriasis.^{4,7} It should be noted that this is a clinical correlation and not an exact equivalent, since *Ayurveda* describes disease by *dosha* involvement and modern science by pathology.

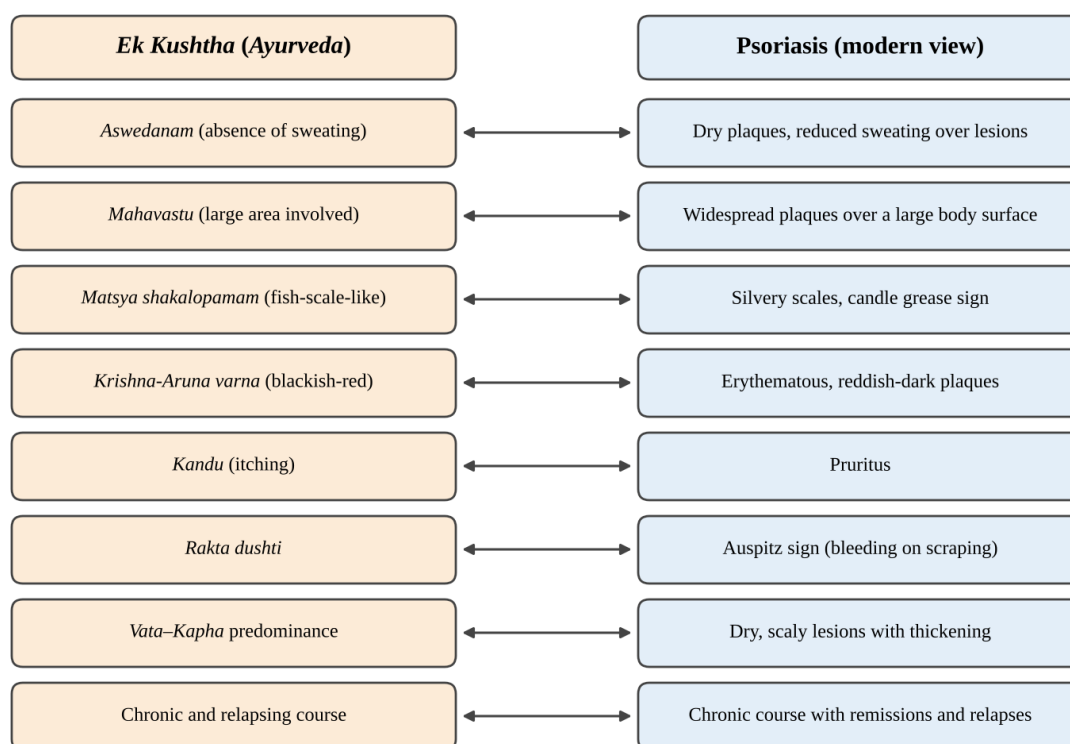


Figure 8. Clinical correlation of *Ek Kushtha* features with psoriasis.

MANAGEMENT OF EK KUSHTHA

Acharya Charaka says that in *Kushtha*, treatment should be planned according to the *dosha* predominance, the stage of the disease and the strength of the patient. The general principles of treatment include *Nidana Parivarjana*, *Shodhana*, *Shamana* and *Pathya Palana*.⁴

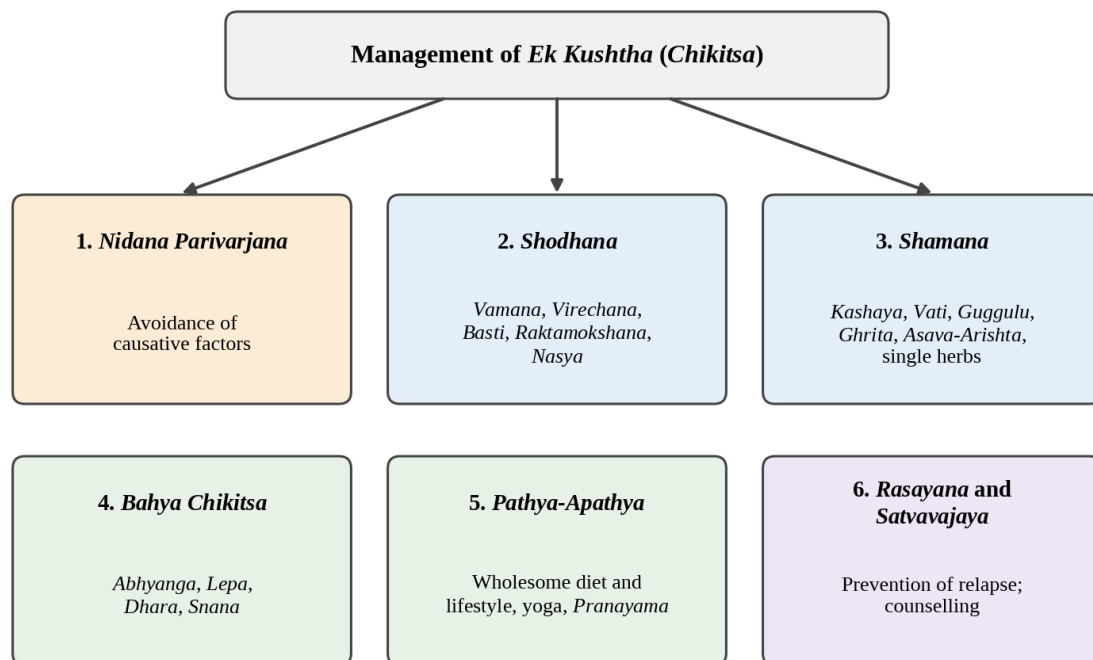


Figure 9. Overview of the Ayurvedic management of *Ek Kushtha*.

Nidana Parivarjana

The first step of any treatment is to avoid the causative factors. The patient should stop taking incompatible foods, avoid daytime sleep, avoid suppressing natural urges and reduce mental stress. Without this, medicine alone will not give lasting results.⁴

Shodhana Chikitsa (Purificatory Therapy)

Charaka has emphasized that *Shodhana* is the best treatment for *Kushtha*, because the *doshas* are deeply spread in the body and cannot be controlled by *Shamana* alone. He compared it to a plant whose roots are cut so that it cannot grow again.⁴

Charaka has advised the following based on the *dosha*.⁴ *Vamana* (therapeutic emesis) is advised when *Kapha* is predominant, and in *Ek Kushtha* it is commonly used as *Kapha* is involved; the drugs used include *Madanaphala*, *Vacha*, *Yashtimadhu* and *Nimba*. *Virechana* (therapeutic purgation) is advised when *Pitta* is predominant, with drugs such as *Trivrit*, *Aragvadha*, *Danti* and *Haritaki*. *Basti* (medicated enema) is advised when *Vata* is predominant, and *Tikta ksheera basti* and *Panchatikta basti* are used. *Raktamokshana* (bloodletting) is used in cases of localized, dry and stubborn plaques and is done by *Siravedha*, *Jalaukavacharana* (leech therapy) or *Prachchhana*; as *Rakta* is the main vitiated *dhatu* in *Kushtha*, this therapy is useful.⁵ *Nasya* is used for lesions on the head and neck.

Before *Shodhana*, the patient is given *Snehapana* (internal oleation), usually with *Tikta ghrita* such as *Mahatiktaka ghrita* or *Panchatikta ghrita*, for 3 to 7 days, followed by *Abhyanga* and *Swedana*. After *Shodhana*, *Samsarjana krama* (special diet) is followed.^{4,6}

In classical practice it is said that *Vamana* and *Virechana* should be repeated at intervals in *Kushtha* (for example, *Vamana* every fortnight and *Virechana* every month, as mentioned by Charaka), depending on the patient's strength.⁴

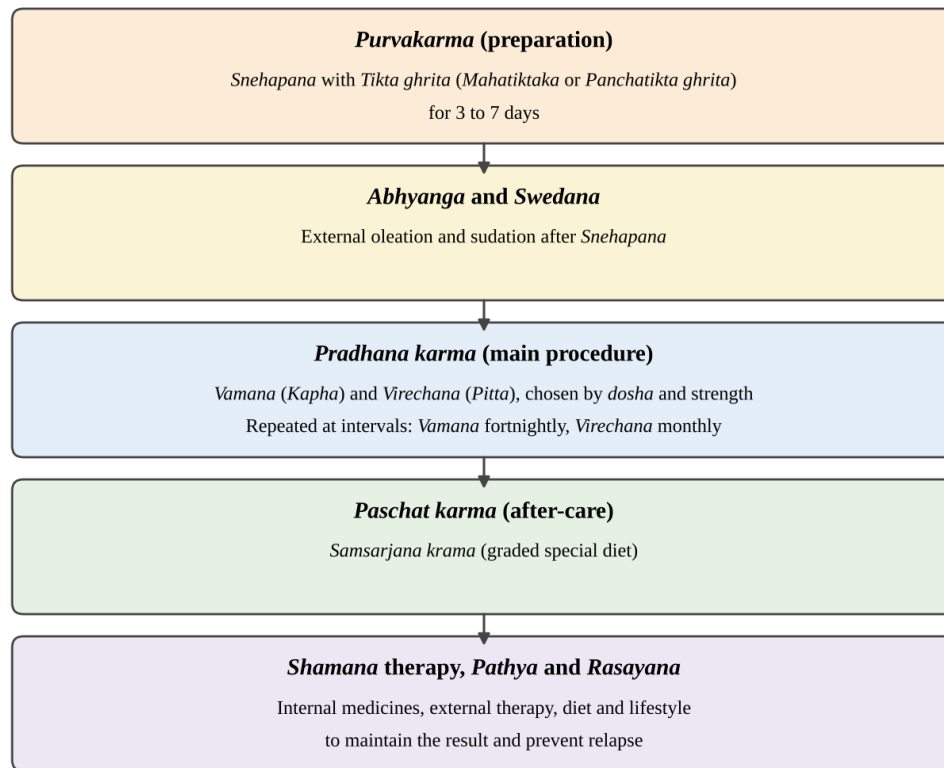


Figure 10. Sequence of Shodhana therapy in Ek Kushtha, from Purvakarma to Paschat karma and Shamana.

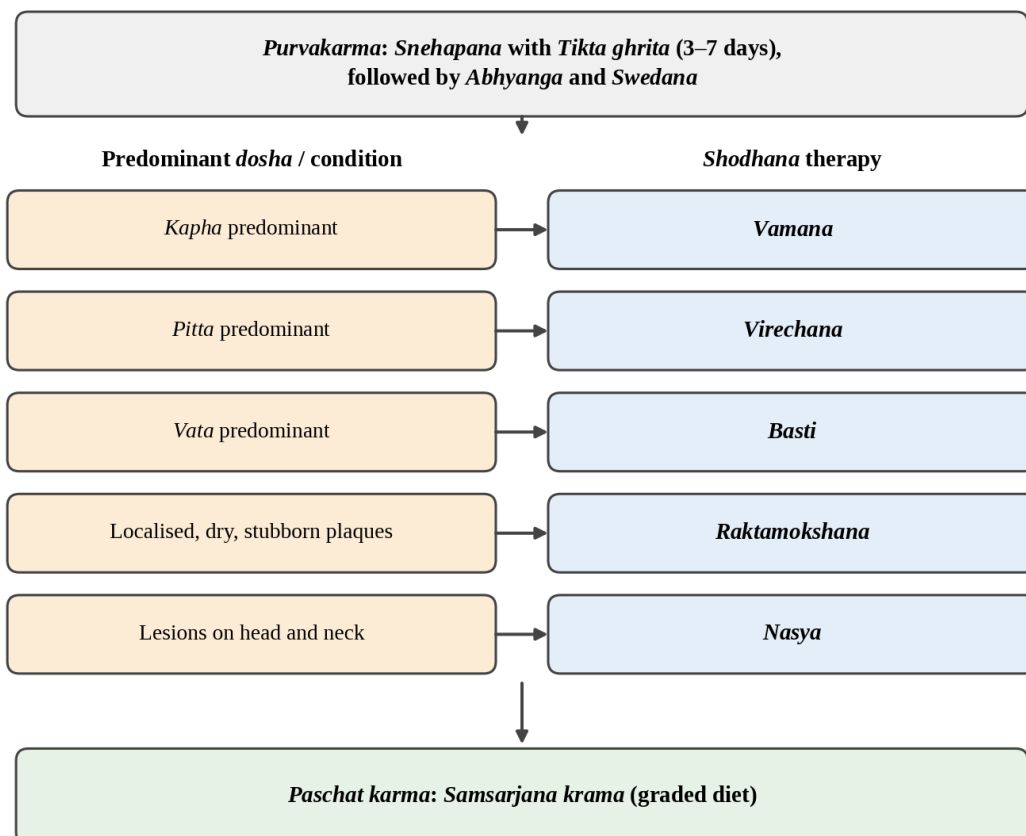


Figure 11. Selection of Shodhana therapy according to dosha predominance and site of disease, with Purvakarma and Paschat karma.

Shamana Chikitsa (Palliative Therapy)

After Shodhana or in mild cases, Shamana drugs are used. Most of them are Tikta, Kashaya, Katu in taste and have Kushthaghna, Raktashodhaka and Kandughna properties.^{12,13}

Among the *Kashaya* (decoctions) used are *Panchatikta kashaya*, *Manjishtadi kashaya*, *Aragvadhadi kashaya*, *Patolakaturohinyadi kashaya* and *Khadira* decoction. The *Vati* and *Guggulu* preparations include *Arogyavardhini vati*, used for its action on *Agni* and liver function, *Kaishora guggulu*, *Panchatikta ghrita guggulu*, *Gandhaka rasayana* and *Mahamanjishtadi kwatha*. The *Rasa aushadhi* used are *Rasamanikya*, *Marichyadi taila* (external) and *Gandhaka* preparations, which are traditionally used for skin disease and are given under supervision and in correct doses. *Ghrita* preparations include *Mahatiktaka ghrita*, *Tiktaka ghrita* and *Panchatikta ghrita*, while the *Arishta* and *Asava* preparations include *Khadirarishta*, *Sarivadyasava* and *Mahamanjishtadi arishta*.

Single herbs commonly used include *Guduchi* (*Tinospora cordifolia*), an immunomodulator; *Neem* (*Azadirachta indica*); *Haridra* (*Curcuma longa*), which contains curcumin with anti-inflammatory action; *Manjishtha* (*Rubia cordifolia*), a blood purifier; *Khadira* (*Acacia catechu*); *Bakuchi* (*Psoralea corylifolia*), traditionally used for skin diseases, and psoralen from this plant is used in modern PUVA therapy; and *Chitraka*, *Kutki* and *Daruharidra*.

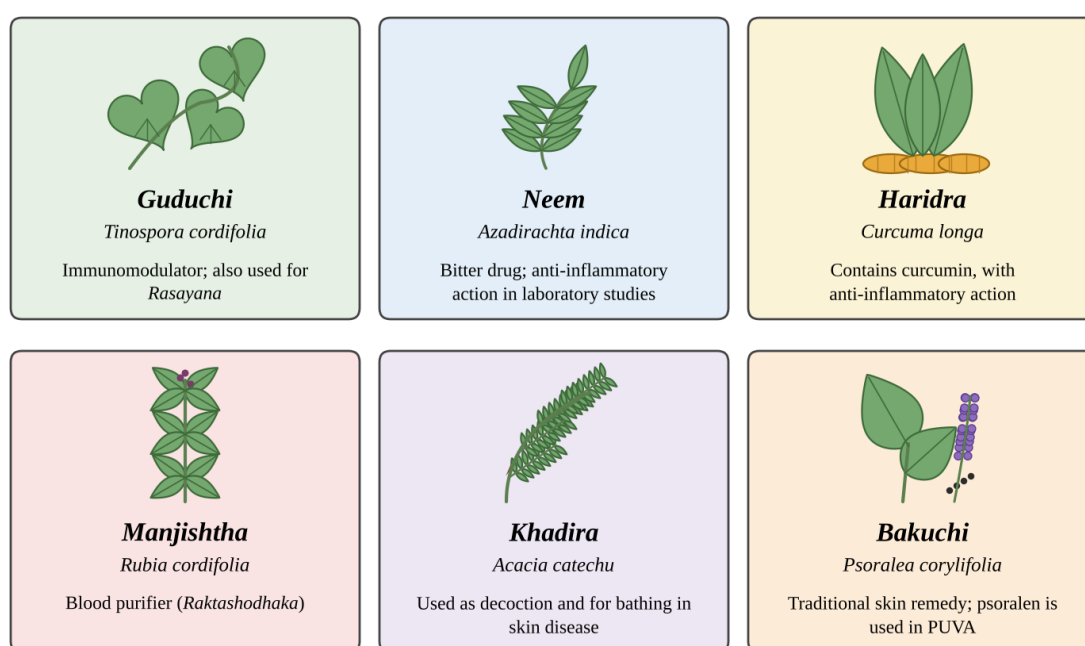


Figure 12. Commonly used single herbs in the management of *Ek Kushtha*.

Bahya Chikitsa (External Therapy)

Local treatment is needed because the lesions are dry, rough and scaly.⁵ *Abhyanga* is done with *Jatyadi taila*, *Karanja taila*, *Kasisadi taila*, *Marichyadi taila* or *Nimba taila*. *Lepa* is the application of pastes such as *Kushtha lepa*, *Haridra lepa*, *Kasisadi lepa* and *Siddhartha lepa*. *Takradhara* and *Kashaya dhara* are used in some centres under *Udvardhana* and *Dhara* for reducing scaling and itching, and *Snana* is done by bathing with *Nimba* or *Khadira* decoction. Oils and ghee are chosen because psoriasis lesions are dry, and *Snigdha* treatment reduces roughness (*Ruksha* is the main feature in *Ek Kushtha*). *Tikta* and *Kashaya dravyas* act on the *Rakta* and *Kapha* components.^{12,13}

Pathya-Apathya (Diet and Lifestyle)

Pathya (wholesome) food and habits include old rice, barley and *Mudga* (green gram); bitter vegetables such as *Patola*, *Karavellaka* and *Methi*; green leafy vegetables; ghee prepared from bitter herbs; and light and easily digestible food. Regular sleep and exercise, yoga and *Pranayama* are advised for stress management.^{4,6} *Apathya* (unwholesome) items include curd, sour and salty foods and excess jaggery; fish with milk and other incompatible combinations; black

gram, sesame and heavy or oily food; fermented and junk food; daytime sleep and suppression of natural urges; and alcohol and smoking.

Rasayana and Satvavajaya

Because psoriasis is a relapsing disease, *Rasayana* therapy is advised to strengthen the body and prevent recurrence. Drugs like *Guduchi*, *Amalaki*, *Bakuchi* and *Khadira* are used.^{4,12} *Satvavajaya chikitsa* (counselling and psychological support) is important as stress is a major trigger.

MODERN MANAGEMENT OF PSORIASIS

Modern treatment depends on the severity of the disease.^{8,14} In mild disease, topical treatment is used, including emollients and moisturizers, keratolytics such as salicylic acid and coal tar, topical corticosteroids, vitamin D analogues (calcipotriol), topical calcineurin inhibitors (tacrolimus) for the face and folds, and topical retinoids (tazarotene). Phototherapy, in the form of narrowband UVB or PUVA (psoralen plus UVA), is used in moderate disease.¹⁹ In moderate to severe disease, systemic treatment with methotrexate, cyclosporine, acitretin or apremilast is given. Biologics are kept for severe or resistant disease and include TNF-alpha inhibitors such as etanercept, adalimumab and infliximab, IL-17 inhibitors such as secukinumab, and IL-12/23 and IL-23 inhibitors such as ustekinumab.

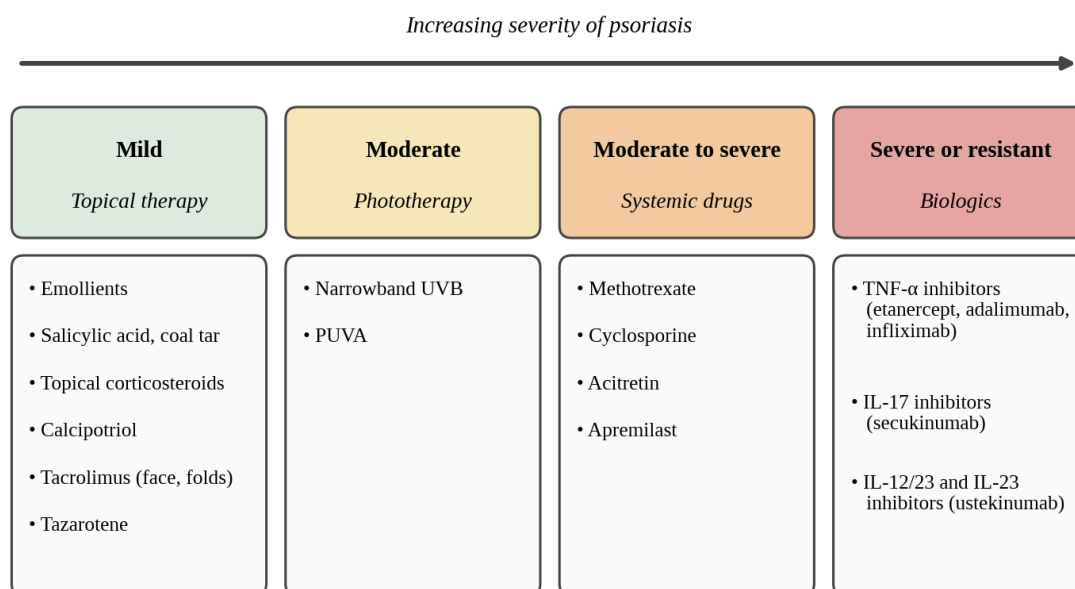


Figure 13. Stepwise modern management of psoriasis according to severity.

Limitations: Long-term topical steroids cause skin atrophy and tachyphylaxis. Methotrexate can affect the liver and bone marrow, and cyclosporine can affect the kidneys. Biologics are very expensive and increase the risk of infection. Relapse is common after stopping treatment. For these reasons, safer and more holistic options are always being searched for.^{8,14}

DISCUSSION

Psoriasis is a disease of chronic inflammation and immune imbalance.^{7,8} In *Ayurveda*, the disease is understood as the result of *Agnimandya*, *Ama* formation, and vitiation of *Vata-Kapha* with involvement of *Rakta*.⁴ So treatment is not only for skin but also for digestion and metabolism.

Role of Shodhana: *Shodhana* therapy removes the vitiated *doshas* from the body. *Vamana* removes *Kapha* and also helps by clearing *Amashaya*, which is considered the seat of origin of *Kushtha*. *Virechana* helps in clearing *Pitta* and *Rakta*.⁴ It is possible that *Shodhana* reduces the inflammatory load, and clinical studies have reported improvement in

selected psoriasis outcomes after *Ayurvedic* interventions; however, larger controlled trials are needed before firm conclusions can be drawn.²⁰⁻²⁴

Role of Tikta rasa drugs: Most of the drugs used in *Kushtha* are bitter. Bitter drugs are considered to be *Kushthaghna*, *Kandughna*, *Deepana*, *Pachana* and *Raktashodhaka*.^{6,12} Herbs like *Guduchi*, *Neem* and *Haridra* have been reported to have anti-inflammatory, antioxidant and immunomodulatory effects in laboratory studies.

Role of external therapy: Oil-based preparations soften the scales, reduce dryness and improve skin barrier function. This is comparable to the use of emollients and keratolytics in modern practice.¹⁴

Role of diet and lifestyle: Modern studies also show that obesity, alcohol and smoking worsen psoriasis.⁸ *Ayurvedic* *Pathya-Apathya* and stress management, therefore, have a scientific basis.

Comparison of the two systems: Modern medicine works fast and is very good for controlling severe flares, but long-term use is limited by side effects and cost.⁸ *Ayurveda* works more slowly, but it aims at the root cause, has fewer side effects when used properly and can reduce relapse. Many clinicians feel that an integrative approach may give the best results, for example using modern topical treatment for quick relief while *Ayurvedic Shodhana* and *Shamana* are given for long-term control. However, the patient must always be supervised, especially with *Rasa aushadhi*, which contain metals and minerals and must be used only in standardized form.

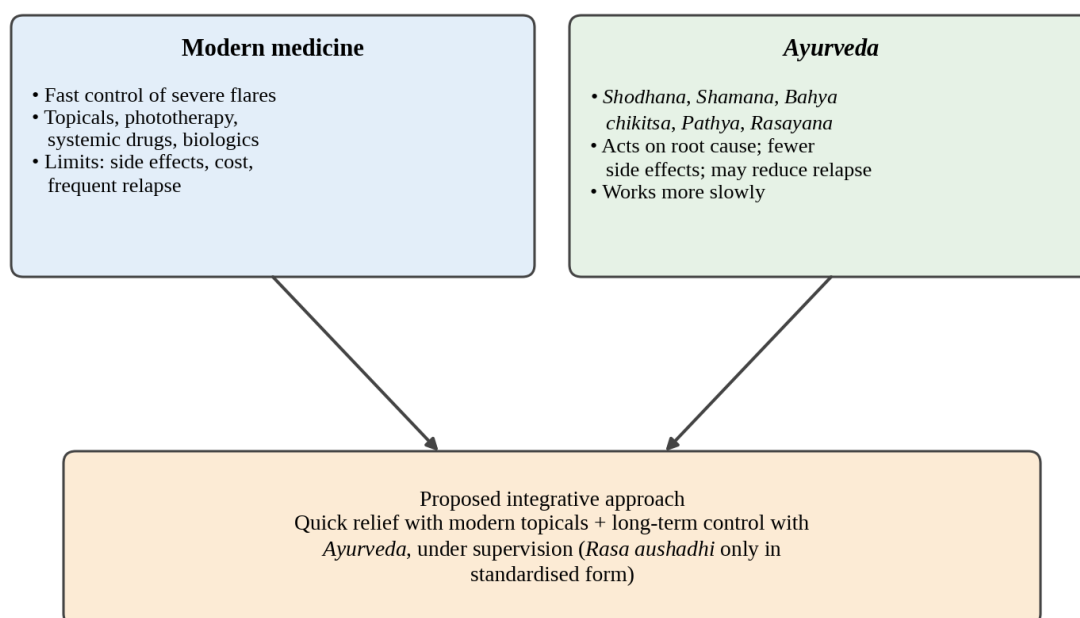


Figure 14. Proposed integrative approach combining modern and *Ayurvedic* management.

Limitations of the review: Most *Ayurvedic* studies on *Ek Kushtha* are small, and many lack control groups or long follow-up.²⁰⁻²⁴ More randomized controlled trials with standard outcome measures like PASI are required. Also, the correlation between *Ek Kushtha* and psoriasis is clinical, and some patients may not fit exactly.

CONCLUSION

Ek Kushtha is a *Kshudra Kushtha* described in the *Ayurvedic* classics, with features such as *Aswedanam*, *Mahavastu* and *Matsya shakalopamam*.⁴ It closely resembles psoriasis in modern medicine. The disease is chronic, relapsing and difficult to treat, and it affects the physical and mental health of the patient.

Ayurveda offers a wide treatment plan including *Nidana Parivarjana*, *Shodhana*, *Shamana*, *Bahya chikitsa*, *Pathya-Apathya*, *Rasayana* and *Satvavajaya*. *Shodhana* therapy, especially *Vamana* and *Virechana*, is considered the most

important part, and it is followed by *Shamana* drugs and external applications. Modern medicine gives quick control but has limitations in long-term use.

Based on this review, it can be concluded that *Ayurvedic* management is a safe and useful option for psoriasis, and an integrative approach may give better outcomes. Further well-designed clinical trials are needed to prove its effectiveness scientifically.

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