



Review Article

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



A CRITICAL REVIEW ON EKAKUSTHA OF AYURVEDA FROM THE MODERN PERSPECTIVE

Anil Tomar¹, M.B. Gaur^{2*}¹ PG Scholar, PG Department of Kriya Sharir, Ch. Brahm Prakash Ayurved Charak Sansthan, New Delhi, India² Head of PG Department of Kriya Sharir, Ch. Brahm Prakash Ayurved Charak Sansthan, New Delhi, India

Received on: 07/01/22 Accepted on: 22/02/22

*Corresponding author

E-mail: dr.aniltomar11@gmail.com

DOI: 10.7897/2277-4343.130244

ABSTRACT

In ancient *Ayurveda Samhita*, *Acharyas* have defined all diseases elaborately, and these diseases can be found precisely today in modern science. In *Ayurved Samhita*, all the *tvak rog* (skin diseases) are defined under the term *Kustha* which is mentioned as a *Raktapradoshaja vikara*. *Kustha* is one of the diseases that commonly affect the population. *Ekakustha* is one of the types of *ksudrhakustha*. *Ayurveda* text does not directly correlate to a single disease of modern science which can be compared with the modern disease term "Psoriasis". Psoriasis may be compared with many types of *ksudrhakustha* like- *kitibha*, *charmdal*, *mandala* and *ekakustha*. Psoriasis is a most common non-infectious and inflammatory skin disease which involves hyper-proliferation of keratinocytes in the dermis. In the origin of any disease and for the diagnosis of the disease, there are many factors mentioned in *Ayurveda Samhita*; in that series, *prakriti* is one of the significant factors. The concept of *prakriti* is given by the Indian ancient science of *Ayurveda*. *Prakriti* indicates phenotypic and genotypic constitutions. Every individual has a different anatomical, physiological and psychological function. *Prakriti* of individuals should be known to maintain health, prevent disease, and treat disease. *Pittaja dosha* predominance *prakriti* is mainly prone for *tvak rog*. In the present era, increased demand for *Ayurveda* science is required to understand the depth of *Ayurvedic* principles in an easy method. Hence an effort has been made to ascertain and establish the knowledge regarding *ekakustha* from a modern perspective.

Keywords: *Ayurveda*, *Ekakustha*, Genotype, Phenotype, *Prakriti*, Psoriasis, *Raktapradoshaja vikara*.

INTRODUCTION

Ayurveda is one of the most primitive and collective systems of health care where detailed explanations of health, healthy person and *Aayu* (age) are given. *Acharya Charak* described health as When the *doshas* are in an equilibrium state, digestive fire (*Jatharagni*) in appropriate condition, *Saptidhatu* are found in normal amount, defecation, micturition, menstruation and sweating these all urge or *vegas* are on their definite time, and the soul, senses and mind (*mana*) of the person are pleased, called health. The key objectives of *Ayurveda* are- to retain the health of the healthy person, and the second one is to cure the disease of the diseased person. The first aim is attained through proper healthy *Aahar* (diet), *dincharya*, *ritucharya* and *ratricharya*. The second aim is achieved through *Nidaan-privarjan* and also acquired when the *vaidya* have exact knowledge about the *samprapti* (pathogenesis) and the severity of the diseases. In the *samprapti* (pathogenesis) of disease, *dosha*, *dushya*, *srotas*, *agni*, and *ama* (critical factors of *vyadhi* - diseases) must be analysed for fruitful treatment.¹ In classical *Ayurvedic* text, proper diagnosis of the disorders is done based on *nidana-panchak*. Various classical investigative methods (*Pariksha*) are mentioned in *Ayurveda* text as *trividha*, *chaturvidha*, *shadhavidha*, *asthavidha* and *dashavidha-pariksha* (classical investigation) are need to be appropriately applied. *Acharya* first mentioned *prakriti pariksha* under *dashavidha-pariksha*. Every person has their unique constitution, which determines the physical characteristics, behavioural patterns, social response and even susceptibility towards diseases. Thus, *prakriti* makes one of the primary known concepts of preventive and personalized treatment. *Ayurveda* has an individualistic approach for maintaining health and treating diseases.² All *Acharyas* described that, at the time of *garbhavasthakaal* (union of *sukra* and

shonita), a predominance of *trigunas*, *panchamababhutas* and *doshas* decides the *prakriti* of individuals accordingly. Once *prakriti* is formed, generally, it remains permanent from birth to till death of that individual. Mostly *pittaja prakriti* is prone to *tvak rog* (skin disease) like - *Piplu*, *Vyang*, *Til*, *Pidika*.³ *Twacha* (skin) is the primary organ distorted in *Ekakustha*. Skin is the most important part of the human body, protecting the body from UV radiation, injuries, heat, controlling body temperature, and manufacturing the vitamin D. *Acharya Charak* mentioned six procaryotic *bhavas* for foetal development. One of them, *Matruj bhava*, is responsible for the *tvak* (skin) development.⁴ *Twacha* is the only "Gyanenendriya" that protects every part of the body externally and internally(membrane). In *Ekakustha*, 'Twacha' is one of the seven *Dushyas* which get distorted or disfigured. *Acharya Sushruta* states that *twacha* develop like- cream on the surface of the boiled milk after the fertilisation.⁵ *Acharya Charaka* and *Ashtanga-Sangraharak* have been described six layers- 1. *Prathama/Udakadhara*, 2. *Dvitiya/Asrikdhara*, 3. *Trutiya*, 4. *Chaturth*, 5. *Pancham* 6. *Shastha/Pranadhara*.⁶ Whereas *Acharya Sushruta* describes seven skin layers- 1. *Avabhasini*, 2. *Lohita*, 3. *Shweta*, 4. *Tamra*, 5. *Vedini*, 6. *Rohini*, 7. *Mansadhara*.⁷ *Twacha* (skin) is one of the largest body parts. Based on development, skin can be divided into two parts- epidermis and dermis-

Epidermis- Ectoderm in origin, Protective layer. The epidermis has five layers that are-

- Stratum Corneum
- Stratum Granulosum,
- Stratum Spinosum / Prickle cell layer,
- Stratum Germinativum / Basal Layer and
- Stratum Lucidum.

Dermis- Mesoderm in origin, Supportive layer. It is a layer of connective tissue lying beneath the epidermis and forms the bulk of the skin.

- Outer layer- Papillary Dermis
- Inner layer-Reticular Dermis.⁸ Description of modern and ancient skin layers is similar in number and order, and then there should be no objection in calling one layer a synonym for the other. The modern and ancient layers should be compared according.

According to Dr Ghanekar, as explained in “Ayurvedarahasyadipika” (Hindi commentary on Sushruta Samhita Sharir sthan) has correlated the layers of skin described by Sushruta with the contemporary science are as follows in Table 1.

The correlation of layers of skin as per Ayurved and contemporary science with their associated diseases explain in Table 2.

DOSHA SAMBHAND TO TWACHA

Kustha manifestation occurs if diet and lifestyle are not according to *prakriti* leads to dosha vitiation. Aggravated *doshas* residing in *tvak*, *rakta*, *mansa* and *lasika* and influenced by other factors cause skin diseases. These *doshas* present with *kustha lakshana* according to their *guna*, which is tabulated in Table 3.

KUSTHA

Acharyas described all types of skin disease under the term “*Kustha*”. The term *Kustha* is defined as diseases that are distorted to the body, and it is called *Kustha*; it is distorted from skin to deeper *dhatu*. *Acharya Charaka* has mentioned which disfigures the body, known as *Kustha*.¹³ *Acharya Sushrut* described distorted organs.¹⁴ According to *Acharya Vagabhata*, if *Kustha* is left untreated, it makes the physique disgraceful (*Kutsit*), so it is called *Kustha*.¹⁵

According to *Acharya Charak*, *Kustha* is elaborated into seven, eighteen or infinite types.¹⁶ Further it is divided into two major categories –

1. *Mahakustha*
2. *Kshudrakustha*.

Acharya Dalhana describes that *Mahakustha* has *dosha* involvement in *gambhira dhatu* (deeper tissue), but in *Kshudrakustha*, only one *dosha* is involved. Due to this, *Mahakustha* required intensive cure in comparison to *Kshudrakustha*.

Mahakustha

Mahakustha is further divided into seven types, and these seven *mahakustha* comes under leprosy- *Kapala* (Minor tuberculoid of leprosy), *Audumbara* (Nodular kind of leprosy), *Mandala* (Major tuberculoid of leprosy), *Risyajivha* (Borderline leprosy), *Pundarika* (Borderline leprosy), *Sidhma* (Pityriasis Versicolor/Psoriasis), *Kakanaka* (Nodular type of lepromatous leprosy). *Acharya Sushrut* and *Vagabhata* described *sidhma kustha* under *Kshudrakustha*, *Dadru* (Tinea) described under *mahakustha*, and *Acharya Sushrut* described *Arun* (Maculoanaesthetic type of leprosy) *Kustha* in *Mahakustha*. *Mahakustha* is characterised- *Bahu dosha arambhata*, *Bahu lakshana*, Excessive discomfort, Penetrates *gambhira dhatus*, *Supti* (anaesthesia/ Loss of skin functions), *Mehat chikitsa*.

Kshudrakustha

The features of *kshudrakustha* are – *Alpa dosha arambhata*, *Alpa lakshana*, minor discomfort, less tendency to penetrate in *gambhira dhatus*, less functional deformities of skin.

Based on these classical features of both *kustha*, *Mahakustha* needs intensive *chikitsa* compared to *Kshudrakustha*. *Kshudrakustha* is divided into 11 types, and these 11 type of *Kshudrakustha* comes under skin diseases. According to *Acharya Charak*, *Vagabhata* and *Acharya Sushrut*, types of *Kshudrakustha* are explained in Table 4 with their respective *dosha* involvement and possible correlation as per modern text.

Acharya Sushrut doesn't describe *chamakustha*, *vipadika*, *alsaka*, *dadru*, *visphotaka*, and *sataru* in *Kshudrakustha*. *Acharya Sushrut* describe *sidhma*, *sthularushka*, *mahakustha*, *visarpa*, *parisarpa* and *rakasa kustha*, under *kshudrakustha*. *Acharya Vagabhata* describes *sidhma kustha* under *kshudrakustha*. All *Acharya* described *ekakustha* under *kshudrakustha*. In modern science, six classes of skin disease are-

1. Psoriasis
2. Seborrheic dermatitis
3. Lichen planus
4. Pityriasis rosea
5. Chronic dermatitis
6. Pityriasis rubra.¹⁸

Ekakustha

Ekakustha is one of the most important or primary types of *kshudrakustha*. All *Acharya* explain *ekakustha* under *kshudrakustha*. *Acharya Charak* mentioned that *ekakustha* is *Vata-Kapha pradhan vyadhi*, while *Acharya Sushrut* said it is *Kapha pradhan vyadhi*.^{19,20} All research studies included *ekakustha* under *kshudrakustha*, and it is challenging to understand what is psoriasis in terms of *Ayurved*. In *Ayurved*, there is no *tvak* rog except *ekakustha*, which can exactly co-relate with psoriasis. Psoriasis word derived from the Greek word “psora” psora means itch/scurf/rash. *Acharya Sushrut* explained all *kustha* are *anuvanshik* (hereditary) and *adibalpravrat*.²¹ Exact aetiology of psoriasis is unknown but inherited, and environmental factors influence the origin of psoriasis. Psoriasis is a chronic autoimmune non-infectious skin disease of scaling and inflammation. The heterogeneous group of dermatoses characterized by-

- Erythematous papules or plaques surmounted with scales. color of lesions differs from faint pink (Pityriasis rosea) to dull red (Psoriasis) to purple or violaceous (lichen planus).
- Scales differ from minimal (lichen planus) to copious (psoriasis). Classical psoriasis trait by asymptomatic or itchy, well-defined erythematous, scaly papules.²²

Characteristic features of *Ekakustha* very closely match with psoriasis, which is as follows in Table 5.

Pathogenesis (Samprapti) of Ekakustha (Psoriasis)

In *Ayurvedic* text, only the *rupa* of *Ekakustha* is described; there is no clear *smprapti* of *ekakustha* mentioned. So *Samprapti* of *Kustha* can be accepted as a *Samprapti* of *Ekakustha*. In the origin or pathogenesis of *Kustha*, there is vitiation of *dosha* (*Vata*, *Pitta* and *Kapha*) and *dushya* (*Tvak*, *Rakta*, *Mansa* and *Lasika*); these *doshas* and *dushya* are combinedly called “*Saptako dravya-sangrah*”.²³ The disease origin starts in *Kostha* and through *Tiryak Vahini* (circulation throughout the body) manifest in the skin, hence it externally appears. *Tridosha* and *Tvak*, *Rakta*,

Mamsa and Lasika have affected. The imbalance of these seven factors is the essential phenomenon in the origin of *Ekakustha*. These statements get well fitted with the proposed theories of the pathogenesis of Psoriasis in point of view that the tissues which in ordinary course nourishes the skin, in diseased condition fail the skin cell, as T lymphocyte fails keratinocytes and disturb the cell cycle. As an outcome, Psoriatic lesions appear. Many factors develop *kustha*, like- Dietary factors, daily routine *virudha aahar* and improper food habits play an essential role in the origin of *Ekakustha*. *Acharya Sushruta* described that *kustha* is *adibala pravratna vyadhi* (hereditary disorder).²⁴ Basic pathogenetic mechanism of psoriasis, poorly understood, previously thought to be a condition of peculiar keratinization with secondary inflammation. Now known as primarily an inflammatory

disorder-induced and continuous by T-cell mediated immune response, which leads to accelerated growth of epidermal and vascular cells. Significant cutaneous expressions result from hyperplasia of the epidermis-epidermopoiesis more rapid. And transit time of epidermal cells reduced with immature nucleated epidermal cells present in the stratum corneum (parakeratosis). In addition to parakeratosis, affected epidermal cells fail to release adequate levels of lipids, which generally have adhesive bonds of corneocytes. After, deteriorate adherent stratum corneum is constituted, resulting in the flaking, scaly presentation of psoriasis lesions, the surface of which is often similar to silver scales.²⁵ In the *Ayurvedic* classics, details and specific *samprapti* of *ekakustha* has not been described. So, *samprapti* of *ekakustha* is considered on the basis of *samprapti* of *kustha*.

Table 1: Seven layers of the skin according to *Acharya Sushruta* with modern interpretation⁹

Entity/Structure as per <i>Ayurved</i>			Entity/Structure as per Modern	
S.NO.	Layers of Skin	Pramana	Layers of Skin	Types of skin
1.	<i>Avabhasini</i>	18/20	Stratum Corneum/ Horny layer	Epidermis
2.	<i>Lohita</i>	16/20	Stratum Lucidum	
3.	<i>Shweta</i>	12/20	Stratum Granulosum	
4.	<i>Tamra</i>	8/20	Malpighian Layer	Dermis
5.	<i>Vedini</i>	5/20	Papillary layer	
6.	<i>Rohini</i>	1vrihi	Reticular layer	
7.	<i>Mansadhara</i>	2 vrihi	Subcutaneous tissue and Muscle layer	

Table 2: Seven Layers of Skin with Their Associated Diseases

Layers of skin as per <i>Ayurved</i>	Associated diseases	
	According to <i>Ayurved</i>	Interrelation of diseases as per the modern perspective
<i>Avabhasini</i>	<i>Sidhma, Padmakantaka</i>	Pityriasis versicolor, Papilloma
<i>Lohita</i>	<i>Tilkalaka, Nyaccha, Vyanga</i>	Non-elevated Mole, Naevi, Chloasma
<i>Shweta</i>	<i>Charmadala, Ajagallika, Mashaka</i>	Impetigo, Herpes simplex, Herpes zoster Papule, Elevated Nevi
<i>Tamra</i>	<i>Kilas, Kustha</i>	Vitiligo, Leprosy
<i>Vedini</i>	<i>Kustha, Visarpa</i>	Leprosy, Herpes
<i>Rohini</i>	<i>Granthi, Apchi, Shlipad, Arbud, Galgand</i>	Sebaceous cyst, Lymphadenitis, Filariasis, Tumour, Goiter
<i>Mansadhara</i>	<i>Bhagandar, Arsha, Vidradi</i>	Fistula in Ano, Haemorrhoids, Abscess

Table 3: *Dosha Sambhand to Tvacha* and Their Functions^{10,11,12}

Dosha	Dosha type	Functions
Vata	<i>Udana</i>	Color of the skin. Due to this, the <i>vata</i> colour becomes blackish red, suggesting <i>udana vayu vikriti</i> .
	<i>Samana</i>	Separation of <i>sara</i> (useful) and <i>kitta</i> (a waste product) part called “ <i>Vivechan</i> ”, controlling <i>dosha, dhatu, sukra, artava sweda</i> and <i>ambuvaha</i> srotas. All <i>vyadhis</i> are because of <i>mandagni</i> .
	<i>Vyana</i>	<i>Sweda-sraavan</i> (Sweating). All vitiated <i>doshas kleda</i> are circulated throughout the body due to <i>vyana vayu</i> .
Pitta	<i>Bhrajaka</i>	Maintain complexion and colour of skin.
	<i>Pachaka</i>	<i>Sara-Kitta</i> separation. Provide support and strength to other types of <i>pittas</i> .
Kapha	<i>Kledaka</i>	<i>Sneha</i> and <i>sthairya</i> are present in the skin. Due to this <i>kapha, kandu</i> and <i>bahalatva</i> are present.

Table 4: *Kshudrakustha* with Their Respective *Dosha* Involvement, and Possible Interpretation as Per Modern¹⁷

Entity as per <i>Ayurved</i>		Correlation as per Modern perspective
<i>Kshudrakustha</i>	<i>Dosha pradhanta</i>	
<i>Ekakustha</i>	<i>Vata-Kapha</i>	Plaque Psoriasis
<i>Charmakustha</i>	<i>Vata-Kapha</i>	Scleroderma
<i>Kitibha</i>	<i>Vata-Kapha</i>	Guttate psoriasis
<i>Vipadika</i>	<i>Vata-Kapha</i>	Plantar palmar psoriasis
<i>Alasaka</i>	<i>Vata-Kapha</i>	Tenia infection
<i>Dadru</i>	<i>Pitta-Kapha</i>	Tinea
<i>Charmdal</i>	<i>Pitta-Kapha</i>	Herpes simplex or herpes zoster
<i>Pama</i>	<i>Pitta-Kapha</i>	Scabies
<i>Visphotaka</i>	<i>Pitta-Kapha</i>	Chickenpox
<i>Shataru</i>	<i>Pitta-Kapha</i>	Pyoderma gangrenosum
<i>Vicharchika</i>	<i>Kapha</i>	Atopic dermatitis/Eczema
<i>Sidhma</i>	<i>Kapha</i>	Pityriasis Versicolor
<i>Sthularushka</i>	<i>Kapha</i>	Trophic ulcer
<i>Mahakustha</i>	<i>Kapha</i>	Leprosy
<i>Visarpa</i>	<i>Pitta</i>	Herpes zoster
<i>Parisarpa</i>	<i>Vata</i>	Pemphigus
<i>Rakasa</i>	<i>Kapha</i>	Dry scabies

Table 5: Characteristic Features of Ekakustha and Psoriasis

<i>Ekakustha rupa as per Ayurved</i>	Psoriasis symptoms as per modern
<i>Kandu</i>	Itching
<i>Mahavastu</i>	Lesion present all over the body
<i>Matsyashakalopamam</i>	Well-defined plaques of erythematous found which are covered with silver scale.
<i>Krishna Aruna Sarira/Mandal</i>	The thick erythematous lesion becomes black.
<i>Aswedanam</i>	Absence of perspirations

Table 6: Samprapti Ghataka of Ekakushtha

<i>Dosha</i>	<i>Vata</i>	<i>Udana, Samana, Vyana</i>
	<i>Pitta</i>	<i>Bhrajak, Pachak</i>
	<i>Kapha</i>	<i>Avalambak, Kledak</i>
<i>Dushya</i>	<i>Twak, Rakta, Mamsa, Lasika</i>	
<i>Agni</i>	<i>JatharAgni and Dhatva Agnimandya</i>	
<i>Srotas</i>	<i>Rasavaha, Raktavaha, Mamsavaha and Ambuvaha</i>	
<i>Sroto Dushthi Lakshana</i>	<i>Sanga and Vimargagamana</i>	
<i>Marga</i>	<i>Bhaya Rogamarga</i>	
<i>Udabhavasthana</i>	<i>Amashaya and Pakvashaya</i>	
<i>Sancharasthana</i>	<i>Triyaka-Gami Sira</i>	
<i>Gati</i>	<i>Triyak</i>	
<i>Adhithana</i>	<i>Twak and Uttrottar Rakhthadi Dhatu</i>	
<i>Vyadhiswabhava</i>	<i>Chirkari</i>	

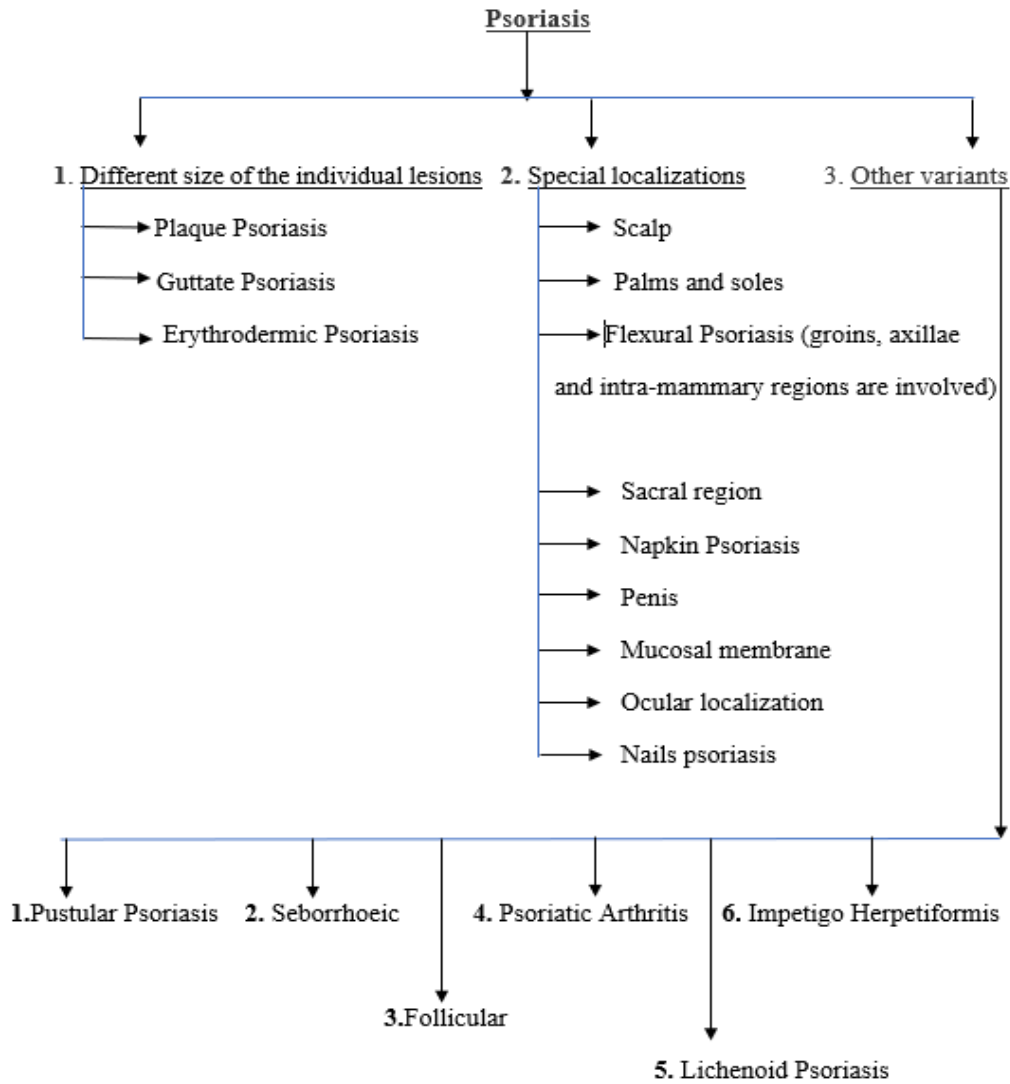


Figure 1: Types of Psoriasis

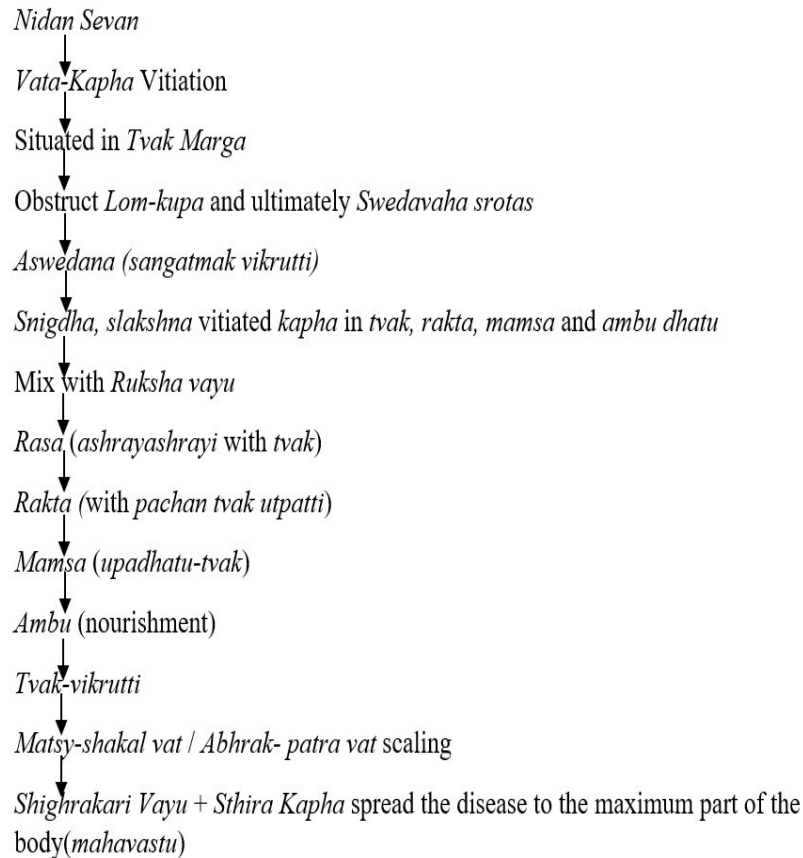


Figure 2: Samprapti of Ekakustha

Samprapti of Ekakustha (Figure 2)

Samprapti Ghataks of Ekakustha (Table 6)

The responsible *doshas- sigrhakari guna* of Vata- are accountable for spreading lesions on the whole-body surface. The possible secondary *dosha* is *kapha*, which has a property of the disease with deep roots, so the spreader lesions of the *ekakustha* are deep and stable, known as *mahavastu*. *Matsyashaklopamam* refers to the typical type of lesion. The *snigdhta* and *slakshnta* of vitiated *kapha*, when mixed with similar properties of *lasika*, *tvak* and *mamsa*, produce smooth and silvery skin. But due to vitiated *vata*, lesions are not very soft and *slakshna* but a little rough, which gives an appearance like the scale of fish.²⁶

DISCUSSION

In this literary study, we have collected basic material from the *Ayurvedic* classics, with the available commentaries and textbooks of contemporary modern medical science. Various articles have been compiled to understand better the interpretation of *ekakustha* and its comparison with psoriasis, co-relation of layers of skin as per *Ayurved* and modern science with their associated diseases. *Acharya Sushruta* and *Vagabhata* have described different skin diseases under *krimi-rog* (worm disease). In contemporary modern science, the *Kustha* is being understood with the synonyms of leprosy, whereas the term *kustha* is used in various classical *Samhitas* for *tvak rog* (skin disease). An individual's phenotype formed at the time of conception is called *prakriti*. *Prakriti* plays an important role in the diagnosis and prevention of diseases. A person sets their lifestyle like- diet, daily routine according to their *prakriti*, if not so, it leads to vitiation of *doshas*. Aggravated *doshas* residing in *tvak*, *rakta*,

mamsa and *lasika* and influenced by other factors cause skin diseases.

Symptoms mentioned by *Acharyas* of different types of *mahakustha* and *kshudrakustha* like- *Sidhma*, *kitibha*, *ekakustha* and *mandala kustha* are compared with psoriasis. All the symptoms of *ekakustha* closely resemble the symptoms of psoriasis in terms of localization of lesions (present over a particular part of the body or present over the whole body), the color of lesions (erythematous or blackish and silvery-white scale papule), and stable or spreading nature of lesions. So, *ekakustha* may be co-relate with psoriasis. If psoriasis is associated with chronic health conditions such as CHD, CAD or Cancer can be the reason for the mortality changes noted in severe patients. Correspondingly in the classical reference of *kustha*, if a person sets their lifestyle like- diet, daily routine according to their *prakriti*, if not so and patients who are *durbal* (weak) either *sharirik* or *manshika*, having morbid thirst or burning sensation are said to be *asadhya*, i.e., Untreatable.

CONCLUSION

Kustha is one of the broadest range skin diseases described in *Ayurveda*. *Acharya Charaka* has told about dermatological disorders, including its classification, etiopathogenesis (*samprapti*), clinical presentation, prevention and management, in the *Kustha Chikitsaadhyaay*. *Ayurveda* describes a unique "*prakriti*" basis for a personalized treatment approach. According to the preponderance of individual *doshas* in *prakriti*, one must set their daily activities, diet, and behaviour accordingly. Diet and lifestyle opposite to *prakriti* vitiate individual *doshas* and cause diseases. Suppose the *prakriti* of a diseased person is known. In that case, the type of medicine and its dose, diet and other

treatments, including yogic postures, can be adequately directed for disease treatment and prevention.

REFERENCES

1. Rupashri N, Bidhan M, Apala S, Abichal C, Remadevi R. A Review on Clinical Examination of Agnibala (Digestive Power). Int J Ayu Pharm Res [Internet]. 2015Dec.16 [cited 2022Jan.28];2(2).
2. Ranade Subhas, Deshpande Rajendra, Concept of Prakriti and Life Style, Chapter 4. first edition, Publisher- Delhi, Chaukhambha Sanskrit Prathisthan; 2004. P 33-34.
3. Shastri Pandit Kashinath, Dr. Chaturvedi Gorakhnath, Charaka Samhita Vimansthan Rogbhishakjeetiya, 08/96, vol-1, Publisher- Chaukhamba Bharti Akadmi Varanasi. 2014. P 773.
4. Shastri Pandit Kashinath, Dr Chaturvedi Gorakhnath, Charaka Samhita Sharirsthan, Khuddikagarbhavkranti, 03/14, vol-1, Publisher- Chaukhamba Bharti Akadmi Varanasi. 2014. P 861.
5. Shastri Kaviraj Ambikadutt, Sushruta Samhita Sharirsthan, Mehtigarbhavkranti, 4/4, Vol-1, Publisher- Chaukhamba Sanskrit Sansthan Varanasi. 2016. P 37.
6. Shastri Pandit Kashinath, Dr. Chaturvedi Gorakhnath Charaka Samhita Sharirsthan, Sharirsankhyasarir, 7/4, vol-1, Publisher- Chaukhamba Bharti Akadmi Varanasi. 2014. P 910.
7. Shastri Kaviraj Ambikadutt, Sushruta Samhita Sharirsthan, Mehtigarbhavkranti, 4/4, Vol-1, Publisher-Chaukhamba Sanskrit Sansthan Varanasi. 2016. P 37.
8. Dr. Jagtap Rohini, Dr. Pandya m. Dilip, Dr Joshi p. Nayan, The Comparative Study of Efficacy of Go-Ghrita & Vajrakghrita for Abhyantar Snehapan Before Vaman in The Management of Ekakustha W.S.R. To Psoriasis, Jamnagar, 2009.
9. Dr Ghanekar Govind Bhaskar Ayurvedarahasyadipika Hindi commentary on Sushruta Samhita Sharirsthan, Garbhvyakaransharir, 4/03, Publisher- Meharchand Lachmandas Publication Delhi. 2010. P 107.
10. Dr Tripathi Bramanand, Astanga Hridayam Sutrasthan, Doshabhediya, 12/5, vol-1, Publisher- Chaukhamba Sanskrit Prathisthan Delhi. 2009. P 171.
11. Shastri Kaviraj Ambikadutt, Sushruta Samhita Sutrasthan, Vranprasniyadyaya, 21/10, Vol-1, Publisher- Chaukhamba Sanskrit Sansthan Varanasi. 2016. P 115.
12. Shastri Kaviraj Ambikadutt, Sushruta Samhita Sutrasthan, Doshadhatumalkshyavridhivigyaniya, 15/6, Vol-1, Publisher-Chaukhamba Sanskrit Sansthan Varanasi. 2016. P 74.
13. Shastri Pandit Kashinath, Dr. Chaturvedi Gorakhnath, Charaka Samhita Chikitsasthan, Kushthachikitsa, 07, Vol-2, Publisher- Chaukhamba Bharti Akadmi Varanasi. 2014. P 247.
14. Shastri Kaviraj Ambikadutt, Sushruta Samhita Nidansthan, Kushthanidan, 5, Vol-1, Publisher- Chaukhamba Sanskrit Sansthan Varanasi. 2016. P 319.
15. Prof. Murthy K R Srikantha Astanga Samgraha Nidansthan, Kusthaswitrakriminidan, 14/3, vol. 2, Publisher-Chaukhamba Orientalia Varanasi- 2018;235.
16. Shastri Pandit Kashinath, Dr. Chaturvedi Gorakhnath Charaka Samhita Nidansthan, Kusthanidaan, Vol-1, 05/4, Publisher-Chaukhamba Bharti Akadmi Varanasi. 2014. P 642.
17. Prof. Ojha Divakar, Dr Verma R.K.: Skin Diseases in Ayurveda, Publisher- Chaukhamba Sanskrit Sansthan, Varanasi. 2009. P 47-48.
18. Verma AK, Pal & Kumar S. Classification of Skin Disease using Ensemble Data Mining Techniques. Asian Pacific Journal of Cancer Prevention: APJCP, 20(6);1887-1894.
19. Shastri Kaviraj Ambikadutt, Sushruta Samhita Chikitsasthan, Kusthachikitsa, 7/29, Vol-2, Publisher- Chaukhamba Vishwa Bharti Varanasi. 2015. P 253.
20. Shastri Kaviraj Ambikadutt, Sushruta Samhita Nidansthan, Kusthanidaan, 5/16, Vol-1, Publisher- Chaukhamba Sanskrit Sansthan Varanasi. 2018. P 322.
21. Shastri Kaviraj Ambikadutt, Sushruta Samhita Nidansthan, Kusthanidaan, 5/27, Vol-1, Publisher- Chaukhamba Sanskrit Sansthan Varanasi. 2018. P 324.
22. Dr Khanna Neena, Dr Singh Saurabh Bhutani's Color Atlas of Dermatology, Papulo-Squamous Disorders, Chapter 9, Publisher-Jaypee Brothers Medical Edt. 2015. P 139.
23. Shastri Kaviraj Ambikadutt, Sushruta Samhita Chikitsasthan, Kusthachikitsa, 7/9, Vol-1, Publisher- Chaukhamba Vishwabharti Varanasi. 2015. P 248.
24. Shastri Kaviraj Ambikadutt, Sushruta Samhita Sutrasthan, Vyadhisamudeshiya, 24/06, Vol-1, Publisher- Chaukhamba Sanskrit Sansthan Varanasi. 2018. P 130.
25. Dr Khanna Neena, Dr Singh Saurabh Bhutani's Color Atlas of Dermatology, Papulo-Squamous Disorders, Chapter 9, Publisher Jaypee Brothers Medical Edt. 2015. P 138.
26. Dr Umrethiya Bharti, Dr P K Prajapati, Comparative Study of Guduchi Ghana Prepared by Kwatha and Aqueous Extract in The Management of Ekakustha, Jamnagar. 361008, 2008. P 63.

Cite this article as:

Anil Tomar and M.B. Gaur. A critical review on ekakustha of Ayurveda from the modern perspective. Int. J. Res. Ayurveda Pharm. 2022;13(2):90-95 <http://dx.doi.org/10.7897/2277-4343.130244>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.