

Management of *Ekakushta*, with special reference to Psoriasis, through *Panchakarma*: A Case Study

Case Report

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Abstract

In *Ayurveda* all the skin diseases have been discussed under the '*Vyadhi Kushtha*' *Ekakushtha* is one among *Kshudra Kushtha*. *Kshudra* are the *Vyadhis* which do not cause any major systemic involvement but their appearance disturbs mental condition of the patient as the disease doesn't leave patient easily. They are not easy to treat as recurrence rate is very high. The clinical feature of *Ekakushtha* described represents remission, relapse and seasonal variation which are also present in Psoriasis. Modern medical science treats Psoriasis with PUVA, corticosteroids etc. But these therapies give serious side effects like hepatic and nephrotoxicity, bone marrow depression etc. Hence, it is the need of time to find out safe and effective treatment for Psoriasis and here *Ayurveda* plays an important role. Treatment modality of *Ayurveda* provides long lasting results and a better life to patients through its three basic principles i.e. *Shodhana*, *Shamana* and *Nidan Parivarjana*. Here we are reporting a 50-year-old female patient having symptoms of *Ekakushtha* since last 4 years. She was suffering from large round erythematous scaly patches over her B/L knee and elbow joint and also severe itching and dryness over affected lesions. There was no such significant past history of any other chronic illness. The patient was treated with *Panchkarma* i.e. *Vamana karma* followed by Oral medications. Patient reported symptomatic improvement after the course of *Vamana Karma*.

Key Words: *Panchkarma, Vaman, Ekakushtha, Shodhana, Psoriasis, Bio-Purification, Emesis Therapy.*

Introduction

Human skin is considered, as the largest organ of the integumentary system, it is also the vehicle for the biological and social communication to the external world. Skin reflects our emotions and some aspects of normal physiology. Any deformity or disease condition of the skin leads to both physiological and psychological disturbance of the patient (1). Nowadays skin disease is very common. It is more prevalent in tropical and subtropical countries like India where the heat and humidity are high for most part of the year. It is too common and easy to underestimate the impact of skin diseases in patients. In most person healthy skin plays a major role and is a key component of the image they present to the outside world. Conversely those with skin disease are often stigmatized, due to appearance they believe is a result of a contagious disease (2). Nowadays consumption of junk food, fast food, cold drinks, smoking and drinking alcohol are increasing. There is a development of metabolic disorders like heart disease, diabetes mellitus, Renal diseases and skin

disease. Among these, Skin diseases can adversely affect almost every aspect of person's life. It may lead the person to have low-esteem, depression and embarrassment.

The name *Panchkarma* literally means "Five Actions" namely *Vaman* (Emesis), *Virechan* (Purgation), *Niruham* (therapeutic decoction enema) *Anuvaasan* (therapeutic oily Enema) and *Nasyam* (therapeutic errhine). In other words, *Panchakarma* is a healing technique or a pillar on which majority of *Ayurvedic* techniques stand. In *Ayurveda* all the skin diseases have been discussed under the *Vyadhi "Kushtha"* *Ekakushtha* (Psoriasis) is one among *Kshudra-Kushtha*. Nearly all *Acharyas* have described *Ekakushtha* first in their 11 types.

Symptoms of Ekakushtha are:

Mahavastu (Large area), *Mandaloutpati* (Patches), *Rukshata* (Dryness), *Matsyashakalopamam* (silvery scales). *Ekakushtha* (Psoriasis) has dominancy of *Kapha-vatadoshas* (3). So clinically it can be correlated with Psoriasis.

Psoriasis is a skin disease which affects the 0.44 - 2.8% of the Indian population. Treatment of Psoriasis may fall in 3 categories- Topical applications, systemic medications and Light therapy(4). But these treatments come with lots of side effects, such as joint pain, hair loss, loss of appetite, kidney damage and the major one is Carcinoma. Here *Ayurveda* plays an important role, i.e. *Ek-kushtha* being *Kapha Pradhana*, *Tridoshaja Vyadhi* is best treated by *Shodhan* procedure (5).

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Shodhana Chikitsa forms the mainstay of treatment for all major skin diseases in *Ayurveda* which helps to remove the deep seated *Dosha*'s from the root itself. Here in this study *Vamana Karma* is planned because it helps to eliminate deep seated *Dosha* from the body. In *Ayurveda* line of treatment both *Shamana* and *Shodhana* are available. As *Ekakushtha* is *Bahudoshaja Vyadhi*, *Punah -Punah Shodhana* can be done to avoid recurrence (6).

Case Study

A 50-year-old female patient registered by the O.P.D. number 20005596 on the date of 03/03/2020 came to the O.P.D. no. 105 of Parul Ayurveda Hospital and got admitted in *Panchakarma* Department, with IPD number 200769. She presented herself with the following complaints,

- Scaly Patches (*Matsyashakalopamam*) over B/L knee joint and B/L elbow joint with red demarcation with *Mandalotpatti*.
- Severe itching, which would rarely result into bleeding.
- Dryness.
- Itching aggravating during night.
- Suffering from the last 4 years.
- Had taken modern treatment with limited improvement and recurrence.

Associated complaints- Irregular evacuation of stools.

Past History

- No H/O- DM, HTN, Surgical Procedures.
- No F/H/O- Any skin disorder

On Examination

- General condition: Moderate
- Pulse rate: 78/min
- B.P: 130/90 mm of Hg
- R.R: 17/min
- H.R: 70/min

Ashta Sthana Pariksha

1	Nadi	VP: VK: Vata Kaphaj PK: VPK:
2	Mala	Normally formed stool: Normal Hard stools: Loose stools:
3	Mutra	Prakrita: Prakrita Vikrita:
4	Jihva	Alipta: Alipita Isthalipta: Lipta:
5	Sabda	Prakrita: Prakrita Vikrita:
6	Sparsha	Mrudu: Mrudu Khara:
7	Druk	Prakrita: Prakrita Aprakrita:
8	Akriti	Sthula: Madhyama: Madhyam Heena:

Systemic examination

- Respiratory System: B/L Chest clear, Airway entry, Breathing entry Clear
- Cardiovascular System: - S1 S2 heard.
- CNS: All superficial reflexes are intact. Patient is conscious and well oriented.
- GIT: Soft Abdomen, Bowel sound heard, No Pain or any other symptoms

Skin examination:

Chief complaints	Present	Absent
Aswedanm		-
Mahavastum (area)		-
Matsyasaklopam	+++	
Kandu	++++	
Pidaka		-
Daha		-
Vaivarnya	+++	
Rukashata	+++	

TABLE-1: History of Present Illness

	1	2	3	4	5
Onset	Sudden	Gradual	Insidious		
Chronicity	Acute	Sub-acute	Chronic		
Course	Progressive	Intermittent			
Provoking Factor	Summer	Winter	Sunlight	Rainy	Water contact
Relieving Factor	Summer	Winter	Sunlight	Rainy	Water contact

- Shape - Irregular Scaly Patches
- Size - Multiple Patches, no specific size. (Ranging from 7mm to 10cm too)
- Site- B/L knee joint and elbow joint
- Auspitz sign - 2
- Candle grease sign - 1
- PASI Scoring - 6.6 (7)

Samprapti Ghatak

- *Dosha- Kapha Pradhana Vata Anubandhi*
- *Dushya- Rasa, Rakta, Mamsa, Ambu*
- *Srotas- Rasavaha, Raktavaha, Mamsavaha, Svedavaha*
- *Srotodushti- Sanga*
- *Ama- Sama*
- *Udbhavasthana- Amashaya*
- *Vyaktisthana- B/L knee joints and elbow joints.*

Treatment protocol:

After proper clinical examination, patient was diagnosed with *EkaKushtha* and was advised to undergo *Vamana Karma*. i.e.

A.: Purva Karma

- **Deepana Pachana:** *Trikatu Choorna* -3gm thrice a day, before food with luke warm water was given until *Nirama Lakshana* appears, there after the patient was given *Snehapana*.
- **Snehapana:** *Shodhananga Snehapana* with *Somaraji Ghrita* given to the patient in increasing dose pattern, until *Samyak Snigdha Lakshana* appears, i.e. from 10/03/2020 - 13/03/2020 *Snehapana* administered and

daily *Jiryamana* and *Jirna Lakshana* of *Snehapana* noted.

Table 2: Schedule of *Snehapana*

Date	Time	Dose	Time of Hunger
10/3/2020	7 AM	30ML	12:30PM
11/3/2020	7:10 AM	60ML	2PM
12/3/2020	7 AM	90ML	2:30PM
13/3/2020	6:45 AM	120ML	2:45PM

• **Vishrama Kala:** On 14/03/2020, *Abhyanga* with *Murchita Tila Tail* followed by *Aatapa Sweda* was done for 1 day and *Kaphautkleshta Ahara* was given to the patient.

• **Pradhana Karma:** *Vamana Karma* with *Madhanphala Pippali Yoga* administered to the patient, i.e.

- On 15/03/2020, *Vamana Karma* day, first *Abhyanga* with *Murchita Tila Taila* and *Ushna Jala Snana* was given to the patient. The patient was

told and counselled regarding the procedure and Patient sign was taken on informed Consent Form.

- At first Blood Pressure (130/90 mm of Hg) and Pulse Rate (74/min) was monitored. Then *Yavagu* (70 to 120 gm) was given to patient just after the bath at 7:10AM (*Akshudhita awastha*), after this patient was made to take luke warm Milk - 2ltr (*Akanthapana*) at 7:19AM.
- At 7.26 AM, *Vamana Yoga* or Medicine was given to patient in *Lehya* form, i.e. *Madhanphalapipalli Churna* (*Antar-nakha-musti-parmana*) = 8 gm, *Yastimadhu Churna* = 4 gm, *Saindhava Lavana* = 1 gm and Honey = Quantity sufficient. The patient was observed until the appearance of 1st *Vamana Vega*, then 2 ltrs of *Yastimadhu phanta* was given from 7:37 AM and after this, 2 ltrs of *Ushanodaka* was given to patient from 7:48 AM. After the completion of *Vaman Karma Dhoompana* with *Haridradi varti* was given at 8:15AM.
- A Chart was maintained to note down Time of starting of Vegas, contents etc. in the below format.

TABLE 3-

Time	Name of the drug	Quantity	Vega	Upa-vega	Output	Sign, Symptoms	Vitals	Complication if any
7:10AM	<i>Yavagu</i>	75gm					Bp-130/90mmHg Pulse- 74/min	
7:19AM	<i>Dugdha</i>	6 Glass		1	<i>Dugdha</i>		Bp-130/80mmHg Pulse- 76/min	
7:22AM	“	2 Glass	1		<i>Dugdha + kapha</i>			
7:26AM	Medicine- <i>Madhanphalapipalli Churna</i>) = 8 gm, <i>Yastimadhu Churna</i> = 4 gm, <i>Saindhava Lavana</i> = 1 gm and Honey = Quantity sufficient						Bp-140/80mmHg Pulse-78/min	
7:32AM						<i>Sweda-pravarti</i>	Bp-140/90mmHg Pulse-80/min	
7:37AM	<i>Yastimadhu fanta</i>	5 Glass	1		<i>Dugdha +kapha</i>			
7:40AM	“	2 Glass	1	2	<i>Kapha+ Fanta</i>		Bp-140/90mmHg Pulse-80/min	
7:42AM	“	1 Glass		1	<i>Kapha+ Fanta</i>			
7:44AM	“	2 Glass	1		<i>Kapha+ Fanta</i>		Bp-140/90mmHg Pulse-84/min	
7:45AM	“	1 Glass		1	<i>Kapha+ Fanta</i>			
7:47AM	“	2 Glass	1		Medicine		Bp-140/80mmHg Pulse-86/min	

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7:48AM	<i>LavanAudak</i>	3 Glass	1	1	<i>Kapha+ Fanta</i>	Bp-140/80mmHg Pulse-88/min
7:50AM	“	2 Glass	1		<i>Fanta+ yavagu</i>	Bp-140/90mmHg Pulse-88/min
7:52AM	“	2 Glass	1	1	<i>Lavanau dak</i>	
7:55AM	“	2 Glass		2	<i>Lavanau dak</i>	Bp-140/90mmHg Pulse-86/min
8:00AM	“	2 Glass		2	<i>Lavanau dak+pitta</i>	Bp-140/90mmHg Pulse-86/min

- **Paschat Karma:** *Samsarjana Krama* advised as per *Shuddhi* attained, i.e. *Samsarjana karma* for 7 days was advised to the patient, which contains 3 *Anna Kala*. In 1st *Anna kala* *Peya* was advised. Gradually *Ahara* was changed (*Laghu* to *Guru Guna Pradhana*), finally normal diet was given in the evening of 7th day.

TABLE-4: DISCHARGE ADVICE: (Shamanoushadhi was given from 24-3-2020 to 6-3-2020)

Sr.	Medicine	Dose and Dosage	Duration
1	<i>Arogyavardhini vati</i>	2 TID A/F	15 days
2	<i>Panchatikta ghritha guggul</i>	2 TID A/F	15 days
3	<i>Gandhak rasayan</i>	2 TID A/F	15 days
4	<i>Manjistadi kashayam</i>	50 ml BD B/F	15 days

Observations and Results

Observations on Vamana Karma

1st *Vega* starts at 7:22 AM, last *Vega* i.e. 8th *Vega* was observed at 7:52 AM. Depending upon observation done during the whole procedure below findings were noted.

TABLE-5

Sr. no.	Vamana Karma criteria	Remarks
1	<i>Vegiki</i>	<i>Uttam shudhi</i> attained (i.e. 8 <i>Vega</i> observed)
2	<i>Lengiki</i>	<i>Samyak Vamana Lakshan</i> observed
3	<i>Maniki</i>	<i>Madhyam</i> (10.5 ltr)
4	<i>Aantiki</i>	<i>Pittanta</i> attained.

Observations on Signs and Symptoms

Gradation Scales

Table-6: Aswedanam

Grade	Score
Normal	0
Improvement	1
Present in Few Lesions	2
Present in All Lesions	3
<i>Aswedanam</i> in Lesion and Uninvolved Skin	4

Table-7: Maha-Vastu

Grade	Score
No Lesions on <i>Mahasthanam</i>	0
Lesion on partial parts of hand, leg, neck, scalp, back	1
Lesion on most parts of hand, leg, neck scalp, back	2

Lesion on whole part <i>Mahasthanam</i> (vast area)	3
Lesion on whole body	4

Table-8: Scaling

Grade	Score
No Scaling	0
Mild Scaling by rubbing/by itching	1
Moderate scaling by rubbing/by itching	2
Severe scaling by rubbing/by itching	3
Scaling without rubbing/by itching	4

Table-9: Kandū

Grade	Score
No Itching	0
Occasional Itching	1
Frequent but tolerate itching	2
Very severe itching disturbing sleep and activity	3

Table-10: Daha

Grade	Score
Absent	0
Occasional	1
Frequent <i>daha</i>	2
After itching started	3
Continues <i>daha</i>	4

Table-11: Rukshata

Grade	Score
Normal Skin	0
Slightly dry skin	1
Excessively dry skin	2
Lichenified	3
Bleeding through the skin	4

Table-12: Vaivarna

Grade	Score
Normal discolouration	0
Slight discolouration	1
Reddish discolouration	2
Slight reddish black discolouration	3
Black discolouration	4

Table-13: Pidaka

Grade	Score
Absent	0
Disappears but discolouration persists	1
Pidaka in <5sq.cms. in whole of the affected area	2
Pidaka in between 5-10sq.cms. in whole affected area	3
Many or uncountable pidaka in whole of the affected area	4

Table-14: Vedana

Grade	Score
Absent	0
Mild	1
Moderate	2
Severe	3

Table-15: Auspitz Signa and Candle Grease Sign

Grade	Score
Absent	0
Improvement	1
Present	2

TABLE-16:

On the Basis of Result found during treatment, observations were quoted below,

	Before Snehapana	After Snehapana	After Vamana	After Samsarjan Karma
Auspitz sign	2	1	1	0
Candle grease sign	1	1	0	0
PASI scoring	6.6	5.4	2.4	0.8
Matsyashklopam (Scaling)	3	2	1	0
Mandloutpati (patches)	3	2	1	1
Kandu (Itching)	3	2	1	1
Rukshata (Dryness)	3	2	2	0
Vaivarnya	3	2	1	1



Fig 1: Before Snehapana (4-3-2020)



Fig 2: After Snehapana (14-3-2020)



Fig 3: After Vaman Karma (16-3-2020)



Fig 4: After Samsarjan Karma (23-3-2020)

Discussion

Psoriasis is a Papulo Squamous disorder of the skin, characterized by sharply defined erythematous squamous lesions. They vary in size from pinpoint to large plaques. At time, it may manifest as localized or generalized Pustular eruption.(9) *Eka-Kushtha* can be compared with Psoriasis, because the description and characteristic feature of it are similar with description of Psoriasis, i.e. *Aswedanam* (No sweating) - The lesion of this disease are dry & rough, *Mahavastu* (Large area) - Lesions are found all over the body, *Matsya Shakalopamam* (Scaly patches) -Well-defined raised macules, papules, erythematous plaques which are covered with silvery scales. *Krishna Aruna varna* - erythematous lesion. It is counted as *Kshudra-Kustha*(10). As it is a disease of *Bahya rogamarga*, so both *Antahparimarjana* (Internal) and *Bahirparimarjana* (External) treatments should be used. Considering the above facts, composite treatment plan was adopted. Initially *Abhyantara Shodhana* (Internal oleation) done with *Vamana Karma* and after completion of *Samsarjana Karma* (Dietery), *Samshamana* treatment was advised.

- **Purva karma-** The *Purva Karma* administered in the form of *Deepana-Pachana* and *Snehapana*. *Purvakarma* has the important action of separating the vitiated *Doshas* from the *Dushyas* i.e. *Srotas* in the body (*Dosha-dushya samurchana*). It also helps in bringing the vitiated *Dosha* from *Shakha* to the *Koshtha* area in the body from where these vitiated *Dosha* can be removed from the nearest root of the body(11).
- **Abhyantra Snehapana:** *Abhyantara Snehapana* (internal oleation) is the process of administration of *Sneha* internally employed for the purpose of *Shodhana*, *Shamana* and *Brimhana*. It is important here to understand the signs and symptoms of *Samyak Snehana* described by *Acharyas* i.e. *Snehana* indicates *Snigdhatata* (unctuousness), *Vishyandan* (liquefaction),

Vilayana (dissolution or diffusion) *Dalhanacharya* while commenting quotes *Vishyandanam Drava Srutihi*, *Mardavata* means softness. *Kleda* is moistness or wetness. Here *Kleda* signifies the increase of *Apya Guna* in the body (12). Considering these *Gunas* as the primary features the assessment of *Samyak Snigdha* is done. *Sneha* can be considered by the unctuousness of the body, stool and skin (*Pureesha Twak* and *Gatra Snigdhatata*). *Vishyandana* is witnessed by excretion of stool with or without *Sneha*, (*Snigdha Mala* and *Adhastat Snehadarsana*). *Mardavata* is assessed by *Gatra Mardava*. *Kledana* is assessed by consistency of stool i.e. *Asamhat Varcha*(13).

The *Doshas* present in the body has its own *Gati*, and in *Vyadhita Avastha* the *Doshas* will be aggravated and may be present in *Shakhas* (periphery). The *Shodhana Chikitsa* (Purification) aims at expulsion of this vitiated *Doshas* from the body either by *Urdhwamarga* (administering *Vamana*) or *Adhomarga* (administering *Virechana*)(14). *Acharya Vagbhata* in *Doshopakramaniya* has explained the causes for *Dosha Gati*. *Vyayama* (exercise), *Ushma* and *Tikshnata* of *Jataragni* (Digestive fire), *Ahita Ahara Bhojana*, vitiates the *Vatadi Doshas* and takes the *Doshas* to *Shakhas* from *Koshta*. These *Doshas* are brought back to *Koshta* by *Srotomukha Vishodhana / Vivarana*, *Abhishyandi /making Dosha Dravibhuta*, *Paaka* (bringing *Pachana* of the *Dosha*), which is well delivered by *Snehana* and *Swedana Karmas*(15). For the attainment of *Shodhanaphala* proper *Snehapana* is an essential factor which is directly dependent on *Agni* and *Agnibala* as a prime factor. Thus, assessing *Agni* is very essential before *Shodhanartha Abhyantara Snehana*. (16).

• Pradhan karma –

Vaman was performed as a *pradhana karma* here. Because *Ek-kushta* being *Kapha Pradhana*, *Tridoshajavyadhi* best treated by *Shodhana* procedure(17). Soothened *Doshas* will get liquefied and reaches to *Koshtha* by *Swedana*, which can be easily eliminated by the action of *Vaman*.(18). *Shodhana (Vamana and Virechana)* probably may leads to certain endogenous changes in the body responsible for the alleviation of psoriatic pathological process.

• Samsarjanakrama –

Samsarjan krama was carried out in the patient for 7 days/3 *Aana kala* considering the *Pravara Shudhi* (Best *shudhi*). Due to *shodhan agni* got hampered So *Samsarjana krama* enhances ani as well as provide strength to the body after *Vaman*(19) Hence the patient was kept on *laghu, pathyahaar* and discharged on 25-3-20.

Internal Medications

• **Panchatiktagrhit Guggul:** This is a very potent drug of choice in *Kushtha Adhikar*. It is indicated in *Visham* and *Atiprabala Vata*. *Nimba, Guduchi, Patola, Kantakari, Vasa* are the contents of *Panch tikta* (20). Here in Psoriasis though *Kapha* and *vata* are

involved, to spread all these *Doshas* are carried by *Vata* itself. *Tikta Rasa* acts on both *Vata* and *Kapha doshas*. *Guggulu* is *yogavahi dravya*. Acts as Anti Itching property, *Kled, Vikrut Meda upshoshana, Vranashodhaka* (wound healing). (21)

- **Aarogyavardhini Rasa:** It is Herbomineralfomulations. It is having *Kushtahara, Durmedahara, Kledahara, Dhatu Gata Amapachana, Raktaprasadana*, and also having *Dipana-Pachana* and *Kapha-Vata Shamaka* property, all these qualities are very much helpful for *Samprapti Vighatan* of *Kushta* (22).
- **Gandhak rasayan:** It is having properties like *Kushtagna, Rakta Doshahara, Vishaghna, Vranasodhana, Ropana, Rakta-Tvakgata Vishahara, Durmedhohara, Rasayana, Dhatubalya*. all these properties are essential to treat *EkaKushta*(23).
- **Manjistadi kashayam:** This medicine is mainly used in treatment of various skin diseases. It also helps in natural purification of blood so can be used in skin related problems. **Manjishtadi Kashayam** helps in blood detoxification and also dissolves the obstructions in blood flow (24).

Conclusion

From this case report we may conclude that combined *Ayurvedic* treatment and diet regimen can be potent and effective in treatment of *Ekakushta* (Psoriasis). No adverse effect and aggravation of the symptoms was found in the patient during and after the treatment. The complete study with a larger sample size can be done to check the significant result on the disease as well as the *Karma*. *Eka Kushta* is a chronic and relapsing in nature, *Acharya* mentioned *Puna Puna shodhana* (Repeated Purification) for treating *Kushta*, hereafter *Vamana Karma* other *Shodhana* therapy like *Virechana, Raktamokshana* can be followed for better results.

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