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A Comprehensive Scientific Review of Kushtha (Skin Diseases) in Ayurvedic Medicine: Integrating Classical Concepts with Contemporary Evidence

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ABSTRACT:

Kushtha represents a comprehensive Ayurvedic construct encompassing diverse dermatological disorders characterised by skin discolouration, lesion formation, and tissue involvement. This review examines the etiopathogenesis, classification, and management of Kushtha through the lens of both classical Ayurvedic texts and contemporary scientific evidence. Recent clinical studies demonstrate that integrated treatment approaches combining Shodhana (purification) therapies with Shamana (palliative) management achieve significant improvement in conditions correlating with psoriasis and other chronic dermatoses. The pathogenesis of Kushtha involves Tridosha vitiation with sequential contamination of Twak (skin), Rakta (blood), Mamsa (muscle), and Ambu (lymph), showing notable parallels with modern understanding of immune-mediated inflammatory pathways. This review synthesises classical Ayurvedic wisdom with current research findings to present an integrated understanding of Kushtha management.

KEYWORDS:

Kushtha, Ayurveda, skin diseases, Panchakarma, psoriasis, dermatology.

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INTRODUCTION:**Introduction and Etymology**

The term Kushtha derives from the Sanskrit root "Kush," meaning to tear, extract, or draw out—a linguistic origin that philosophically and clinically describes conditions that "come out from the inner part to the outer part" while destroying the skin's natural aesthetic integrity. In Ayurvedic philosophy, skin (Twacha) constitutes the seat of the sense of touch (Sparshanendriya) and maintains an inseparable relationship with the mind (Manas). Consequently, dermatological manifestations are traditionally interpreted as reflecting deeper physiological or psychological imbalances. Acharya Charaka, one of the principal contributors to Ayurvedic literature, provides a detailed exposition of Kushtha in the Chikitsa Sthana of the Charaka Samhita, describing various types, their causes, symptoms, and therapeutic approaches. The Ayurvedic understanding encompasses

nearly all dermatological disorders under this broad heading, characterised by the spreading nature of the disease and resulting discoloration or deformity of the skin.

In contemporary medicine, skin diseases encompass a wide array of conditions ranging from infections and inflammatory disorders to autoimmune and genetic diseases. Conditions like psoriasis, eczema, vitiligo, and dermatitis share significant similarities with the descriptions of Kushtha in Ayurvedic texts, making this classical framework relevant for modern integrative dermatology.

Classification of Kushtha

Ayurvedic classics, primarily the Charaka Samhita, classify Kushtha into two main categories based on severity, tissue penetration, and prognostic implications.

A. Mahakushtha (Major Skin Diseases)

These seven conditions involve deeper tissues (Gambhira Dhatus), exhibit extensive symptoms, and are often more chronic with poorer prognosis:

Type	Features	Dosha Predominance
Kapala	Blackish/reddish lesions resembling broken clay pots; rough, dry, thin skin with severe pricking pain	Vata
Audumbara	Lesions resembling Udumbara fruit; redness, burning, itching, yellowish hair	Pitta
Mandala	Circular white/red patches; thick, moist lesions with elevated edges	Vata
Rishya Jihva	Lesions resembling deer tongue; rough, hard, reddish borders with bluish centre	Mixed
Pundarika	Lotus petal-like appearance; white with red borders, elevated, burning sensation	Mixed
Sidhma	Thin white/copper-coloured scales; fine scaling when scratched	Mixed
Kakana	Severe pain, blackish discoloration; Tridoshaja, considered incurable	Tridosha

B. Kshudrakushtha (Minor Skin Diseases)

These eleven conditions are characterised by "meager doshas" and fewer signs and symptoms compared to Mahakushtha. Table 1 presents the correlation between classical Kshudrakushtha descriptions and modern dermatological conditions.

Table 1: Kshudrakushtha and Modern Correlations

Ayurvedic Term	Modern Correlation	Key Symptoms	Dosha
Eka Kushtha	Psoriasis, Ichthyosis	Thick scaly lesions resembling fish scales (Matsyashakalopamam), absence of sweating (Aswedanam), extensive involvement (Mahavastu), dark/reddish-brown lesions (Krishna Aruna Varna), itching (Kandu), dryness (Rukshata)	Kapha-Vata
Kitima Kushtha	Psoriasis variants	Blackish-brown, rough, hard skin lesions	Kapha
Vicharchika	Eczema	Excessive discharge (weeping), severe itching, dark eruptions	Kapha-Pitta
Dadru	Tinea (Fungal)	Circular patches (ring-shaped), itching, redness	Kapha-Pitta
Pama	Scabies	Intense itching with white or reddish eruptions, small papules	Kapha
Vipadika	Palmoplantar psoriasis/eczema	Cracks and fissures on palms and soles, severe pain	Vata
Charmakhya	Ichthyosis	Thickening of skin resembling elephant skin, rough hard patches	Kapha
Alasaka	Lichen planus	Swelling with itching and redness, nodule formation with discharge	Tridosha
Charmadala	Dermatitis	Red itchy patches with blisters, painful to touch	Pitta-Kapha
Visphotaka	Vesicular eruptions	Formation of vesicles or blisters, thin skin prone to rupture	Pitta
Shataru	Multiple ulcers	Multiple ulcers with redness, pain, burning sensation	Pitta

Clinical Significance of Classification

The classification system serves both diagnostic and therapeutic purposes. Eka Kushtha, for instance, involves primarily Vata and Kapha Doshas and is characterised by symptoms including Asvedanam (lack of sweating), Mahavastu (extensive areas affected), Matsyashakalopamam (fish-scale-like scaling), Krishna Aruna Varna (dark or reddish-brown lesions), Kandu (itching), and Rukshata (dryness). These features closely parallel the clinical presentation of psoriasis vulgaris in modern dermatology.

Etiology (Nidana) and Pathogenesis (Samprapti)

Etiological Factors

The development of Kushtha is attributed to a complex interplay of dietary, lifestyle, and psychological factors, with Acharya Charaka emphasising the role of improper diet and lifestyle in vitiating the three doshas.

Aharaja Nidana (Dietary Factors)

Viruddha Ahara (Incompatible Food Combinations): Excessive intake of mutually contradictory foods such as milk with fish, sour fruits with milk, or reheated foods.

Excessive Consumption: Overconsumption of oily (Snigdha), heavy (Guru), and liquid (Drava) foods; excessive intake of new grains (Navanna), curd (Dadhi), fish (Matsya), salt (Lavana), sour (Amla), and sweet substances including milk (Kshira) and sugarcane products (Guda).

Indigestible Foods: Consumption of foods difficult to digest, leading to accumulation of toxins (Ama).

Viharaja Nidana (Lifestyle Factors)

Vegadharana (Suppression of Natural Urges): Suppressing urges like vomiting, defecation, urination, and sneezing disrupts normal dosha functioning.

Improper Physical Activities: Excessive physical exertion (Vyayama), especially after heavy meals; exposure to extreme temperatures without proper acclimatisation; sudden immersion in cold water after overheating.

Sleep Disturbances: Daytime sleep (Divaswapna), especially after meals; irregular sleep patterns disrupting the body's natural rhythms.

Psychological Factors

Mental stress and emotional disturbances
Disrespecting elders and teachers (traditional texts)

Engaging in activities considered unethical

Pathogenesis (Samprapti):

Kushtha is fundamentally a Tridoshajanya disease, meaning all three doshas (Vata, Pitta, Kapha) are involved in its pathogenesis, though specific types may show predominance of particular doshas.

The Pathological Sequence:

1. Dosha Vitiating: The aforementioned etiological factors lead to aggravation of Vata, Pitta, and Kapha doshas.

2. Dushya Involvement (Tissue Contamination): The vitiating doshas sequentially contaminate the Sapta Dravyas—specifically four key tissues:

- Twak (Skin)

- Rakta (Blood)

- Mamsa (Muscle tissue)

- Ambu (Body fluids/lymph)

3. Srotodushti (Channel Obstruction): The aggravated doshas obstruct the microchannels (Srotas) responsible for nourishing the skin, resulting in manifestation of various skin lesions.

4. Manifestation: Clinical features appear based on the specific dosha dominance and tissues involved.

Correlation with Modern Pathophysiology

Modern dermatological research highlights that chronic skin conditions such as psoriasis are multifactorial, involving immune-mediated inflammation, genetic predisposition, and environmental triggers. The World Health Organization reports global psoriasis prevalence varying between 0.09% and 11.4%, with most developed countries showing prevalence between 1.5% and 5%, and India showing a range between 0.44% and 2.88%. The Ayurvedic emphasis on the gut-skin axis—evidenced by the focus on Viruddha Ahara (incompatible diet) as a causative factor—aligns with contemporary understanding of the microbiome's role in dermatological health. Similarly, the recognition of psychological factors in Kushtha pathogenesis corresponds to the modern field of psychodermatology, which acknowledges stress as a major triggering and exacerbating factor in conditions like psoriasis and eczema.

Management Principles

Management of Kushtha follows a systematic approach that prioritises "cleansing-first" due to its status as a Bahudosha (highly vitiating) condition requiring removal of deep-seated morbid factors before palliation.

Nidana Parivarjana (Etiological Avoidance)

The first principle involves eliminating causative factors identified during diagnosis—including dietary

incompatibilities, lifestyle irregularities, and stress triggers.

Shodhana Chikitsa (Panchakarma/Purification Therapy)

Because the root causes are deep-seated, repeated elimination therapies are required to remove morbid factors from the body. Recent clinical evidence supports the efficacy of this approach.

Vamana Karma (Therapeutic Emesis)

In Ayurveda, Kushtha (skin disorders) is described as a Tridoshaja Vyadhi with predominant vitiation of Kapha and Pitta, along with involvement of Rakta, Mamsa, and Lasika Dhatus. Among the Panchakarma procedures, Vamana Karma (therapeutic emesis) holds an important place in the management of Kushtha, especially when Kapha Dosha is dominant. Kapha is considered the main Dosha in many varieties of Kushtha, as it contributes to symptoms such as itching (Kandu), thickening of skin, discoloration, discharge, and chronicity. Since Kapha has its primary seat in the Amashaya (stomach), Vamana is indicated to expel the aggravated Kapha directly from its root site. By eliminating vitiated Kapha through the upward route, Vamana helps in breaking the Samprapti (pathogenesis) of the disease. Vamana not only removes Doshas but also aids in purification of Rasa and Rakta Dhatus, which are closely related to the manifestation of skin disorders. This purification improves the overall quality of the skin and reduces recurrence. Classical Ayurvedic texts mention that repeated Shodhana, particularly Vamana and Virechana, is beneficial in chronic and recurrent Kushtha. Another important role of Vamana is that after proper Shodhana, the body becomes more receptive to Shamana (palliative) therapies. Medicines administered after Vamana act more effectively, leading to better and sustained therapeutic outcomes. Thus, Vamana plays a

significant role in the management of Kapha-dominant Kushtha by eliminating the root cause, interrupting disease progression, preventing recurrence, and enhancing the efficacy of subsequent treatments.

Virechana Karma (Therapeutic Purgation)

In Ayurveda, Kushtha (skin disorders) is considered a Tridoshaja Vyadhi with predominant involvement of Pitta and Kapha, along with vitiation of Rakta Dhatu. Among the Panchakarma therapies, Virechana Karma (therapeutic purgation) plays a vital role, particularly in Pitta-dominant and Rakta-associated types of Kushtha. Pitta Dosha is closely related to the blood (Rakta) and is responsible for symptoms such as redness, burning sensation (Daha), inflammation, oozing, and discoloration of the skin. Since the principal seat of Pitta is in the small intestine (Pakwashaya region), Virechana is the ideal therapy to eliminate aggravated Pitta from its main site through the downward route. By expelling vitiated Pitta and associated toxins, Virechana helps in correcting the internal imbalance that contributes to skin pathology. Virechana also plays an important role in the purification of Rakta Dhatu. As Rakta is a major Dushya involved in Kushtha, its purification leads to improvement in complexion, reduction of inflammatory symptoms, and gradual healing of lesions. By removing accumulated Doshas, Virechana helps in breaking the Samprapti (pathogenesis) of the disease and prevents further progression. Classical Ayurvedic texts recommend repeated Shodhana procedures, especially Virechana, in chronic and recurrent Kushtha. After proper Virechana, the body becomes lighter, Agni improves, and the channels (Srotas) are cleared, allowing Shamana medicines to act more effectively and produce sustained results. Thus, Virechana Karma is an important Shodhana therapy in the management of Kushtha,

particularly in Pitta- and Rakta-dominant conditions. It works by eliminating the root cause, purifying the blood, reducing inflammation, preventing recurrence, and enhancing the overall effectiveness of treatment.

Shamana Chikitsa (Palliative Therapy)

Following purification, internal and external medications pacify remaining doshas. Charaka describes Shamana therapy primarily with Tikta (bitter) and Kashaya (astringent) Dravyas (substances). Common herbs include:

- Neem (*Azadirachta indica*): Antimicrobial, anti-inflammatory, immunomodulatory
- Khadira (*Acacia catechu*): Blood purifier, anti-inflammatory
- Guduchi (*Tinospora cordifolia*): Immunomodulatory, anti-inflammatory
- Haridra (*Curcuma longa*): Anti-inflammatory, antimicrobial, antioxidant

Pathya-Apathya (Dietary Regulation)

Dietary discipline is considered crucial for successful management. Charaka Samhita emphasises the following regimen:

Pathya (Wholesome):

- Light food (Laghu Anna)
- Bitter vegetables (Tikta Shaka)
- Old grains (Purana Dhanya)
- Warm water consumption
- Honey (Madhu)

Apathya (Unwholesome):

Table 2: Correlation Between Ayurvedic Pathophysiology and Modern Concepts

Ayurvedic Concept	Modern Correlation
Tridosha vitiation	Immune dysregulation, inflammatory cascade
Twak-Rakta-Mamsa-Ambus contamination	Cytokine propagation through dermal, vascular and lymphatic tissues
Ama (toxin) formation	Oxidative stress, inflammatory mediators
Viruddha Ahara	Food intolerances, microbiome disruption
Psychological factors	Stress-induced neuroimmunological activation

Clinical Evidence for Panchakarma in Kushtha

The clinical studies reviewed provide strong evidence supporting the efficacy of Ayurvedic

- Strict avoidance of curd (Dadhi)
- Fish (Matsya)
- Jaggery (Guda)
- Incompatible food combinations (Viruddha Ahara)
- Daytime sleep (Divaswapna)
- Excessive sour and salty tastes

Integrated Treatment Protocol

Recent research demonstrates that combining Shodhana and Shamana approaches yields optimal outcomes. A study evaluating Vamana Karma followed by local application of Vajrak Taila and Ayaskriti Paan (oral medication) showed significant improvement across all parameters. This integrated approach (Shodhanottar Shamana Chikitsa) addresses both immediate symptom relief and prevention of recurrence.

DISCUSSION:

Correlating Classical Concepts with Contemporary Science

The Ayurvedic understanding of Kushtha pathogenesis demonstrates remarkable parallels with modern dermatological science. The concept of sequential tissue involvement—from skin to blood to muscle to lymph—aligns with contemporary understanding of how inflammatory mediators propagate through different tissue layers in conditions like psoriasis.

management in Kushtha. Marked improvement in PASI scores has been observed following the administration of Vamana Karma combined with appropriate

Shamana therapy. These results compare favourably with conventional treatment approaches, while offering the distinct advantage of minimal adverse effects when compared to prolonged use of corticosteroids or immunosuppressive drugs. The therapeutic benefits appear to occur through multiple mechanisms. Vamana facilitates the elimination of vitiated Kapha, thereby helping to reduce inflammatory factors involved in the disease process. The therapy also improves gastrointestinal function, enhances Agni, and reduces the formation of Ama, which plays a key role in the pathogenesis of Kushtha. Following Shodhana, the administration of Shamana medicines exerts immunomodulatory and Rasayana-like effects, promoting better regulation of the immune response. Additionally, the holistic therapeutic process, including preparatory and post-procedural care, contributes to stress reduction, which further supports recovery and prevents recurrence. Thus, Ayurvedic management of Kushtha acts through Dosha elimination, correction of metabolic imbalance, immune regulation, and psychological stabilization, providing a comprehensive and sustainable therapeutic approach.

The Psychodermatological Connection

Ayurveda's recognition that Kushtha affects not only physical skin but also mental well-being finds validation in modern research showing that psoriasis causes significant physical, mental and social burden leading to impaired quality of life, making it a serious health concern. The WHO recognition of psoriasis as a serious non-communicable disease (NCD) with negative impact on quality of life underscores the relevance of holistic approaches addressing both physical and psychological dimensions.

Challenges in Recurrence Prevention

Kushtha is recognised in Ayurveda as Duschikitsya (difficult to cure) due to deep

tissue involvement and tendency for recurrence. Kshudra Vyadhis (minor diseases) are described as conditions that "do not cause any major systemic involvement but their appearance disturbs mental condition of the patient as the disease doesn't leave patient easily," with high recurrence rates. Modern dermatology similarly acknowledges that chronic conditions like psoriasis require long-term management strategies rather than one-time cures.

Future research should focus on:

1. Mechanistic studies: Investigating the immunological and biochemical changes following Shodhana therapies
2. Comparative effectiveness: Randomised controlled trials comparing integrated Ayurvedic protocols with conventional treatments
3. Standardisation: Developing validated outcome measures for specific Kushtha subtypes
4. Herbal pharmacology: Detailed analysis of Kushthaghna Mahakashaya herbs and their active principles
5. Long-term follow-up: Assessing recurrence rates and maintenance protocols

CONCLUSION:

Kushtha represents a comprehensive Ayurvedic framework for understanding and managing dermatological disorders that demonstrates remarkable relevance in contemporary clinical practice. The classification system, based on clinical presentation, dosha predominance, and tissue involvement, provides a nuanced approach to diagnosis that complements modern dermatological categories. The pathogenesis of Kushtha—involving sequential vitiation of doshas and contamination of skin, blood, muscle, and

lymph—aligns with modern understanding of immune-mediated inflammatory skin diseases. The emphasis on dietary factors, particularly Viruddha Ahara, and psychological contributors anticipates current concepts in microbiome research and psychodermatology. However, Kushtha remains Duschikitsya (difficult to cure) due to deep tissue involvement and recurrence tendency. Successful management requires things like Comprehensive initial Shodhana to remove deep-seated morbid factors, Meticulous dietary and lifestyle adherence (Pathya-Apathya) Ongoing Shamana therapy to maintain remission, Attention to psychological wellbeing. The integration of classical Ayurvedic wisdom with contemporary scientific understanding offers a holistic framework for managing chronic dermatological conditions—addressing not merely skin lesions but the underlying constitutional imbalances that sustain disease. Future research should focus on mechanistic studies, comparative effectiveness trials, and development of standardised protocols for specific Kushtha subtypes.

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