

Kushtha in Ayurveda: A Comprehensive Review of Classical Literature

Dr. Rutuja Balaram Mhase¹; Dr. Digambar G. Dipankar²

¹ Ph.D. Scholar, Department of Kayachikitsa, Dr. D. Y. Patil College of Ayurved & Research Center, Dr. D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India.

² Professor & Head, Department of Kayachikitsa, Dr. D. Y. Patil College of Ayurved & Research Center, Dr. D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India.

Abstract—The skin is considered the largest organ of the body, performing three primary functions—protection, regulation, and sensation. Globally, skin diseases account for approximately 1.79% of the total disease burden. These conditions range from acne to vitiligo and often impose significant emotional and psychological stress due to associated social stigma. In Ayurvedic literature, Kushtha is a broad term encompassing almost all dermatological disorders. Kushtha is classified mainly into two categories: Mahakushtha (seven types) and Kshudrakushtha (eleven types). This review aims to compile and systematically present the classical Ayurvedic concepts of Kushtha as described in authoritative texts.

Index Terms—Kushtha, Mahakushtha, Kshudrakushtha, Dadru Kushtha

I. INTRODUCTION

According to the Global Burden of Disease Study (2017), skin diseases ranked tenth in terms of age-standardized years lived with disability, while cardiovascular diseases ranked twelfth. Various dermatological conditions are associated with permanent deformity, disability, and social stigma. Over the past three decades, both infectious and non-infectious skin diseases such as dermatitis, urticaria, and psoriasis have contributed significantly to the increasing disease burden. Between 1990 and 2017, the overall age-standardized years lived with disability for skin and subcutaneous diseases increased by 53.7%.

Skin diseases such as acne, eczema, and psoriasis affect millions of individuals and considerably reduce

quality of life. The increasing prevalence of dermatological disorders emphasizes the need for holistic and comprehensive therapeutic approaches. Ayurveda provides a personalized and holistic system of medicine, focusing on preventive strategies and individualized treatment, which aligns with modern patient centered dermatological care.

As adverse effects of certain pharmaceutical therapies become more evident, patients increasingly seek alternative systems of medicine. Ayurveda, with its natural remedies, scientific diagnostic methods such as Panchanidana, and emphasis on treating the root cause, offers valuable insights into the management of skin diseases. According to Ayurveda, Viruddha Ahara leading to Ama formation due to Mandagni is the primary cause of Kushtha. This review highlights the principles of Kushtha as described in classical Ayurvedic literature.

II. MATERIALS AND METHODS

A comprehensive review of classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Bhavaprakasha, Yogaratnakara, and Madhava Nidana was undertaken. Relevant national and international publications were also reviewed.

Definition: - In Sanskrit, skin is referred to as Twacha or Charma. The term Twacha is derived from the root Twach Samvarne, meaning body covering. The word Kushtha originates from the root Kush, indicating a disease that manifests from within.

According to Amarakosha, Kushtha causes destruction of the skin and underlying tissues. Shabda Kalpadruma describes Kushtha as a condition arising from vitiation of Rakta leading to tissue consumption. Acharya Vagbhata defines Kushtha as a chronic disorder characterized by discoloration of the skin and putrefactive changes [1].

III. ETIOLOGY (HETU)

According to Acharya Charaka [2]

1. Intake of incompatible food combinations (Viruddha Anna-Pana), such as milk with fish
2. Consumption of oily and heavy foods (Snigdha and Guru)
3. Suppression of natural urges, especially vomiting
4. Exercise during hot weather or after heavy meals
5. Intake of meals having opposite qualities (hot and cold)
6. Fasting
7. Drinking cold water immediately after heat exposure or exertion
8. Excessive intake of food, undercooked food, or eating before digestion of the previous meal
9. Improper administration of Panchakarma
10. Excess consumption of freshly harvested grains, curd, fish, salt, and sour substances
11. Excess intake of Masha, Mulaka, pastry, Tila, and jaggery
12. Sexual activity during indigestion
13. Daytime sleep
14. Sinful acts such as insulting Brahmanas and teachers

According to Acharya Sushruta [3]

1. Intake of incompatible food combinations
2. Sinful acts and insult to elders and teachers

According to Acharya Vagbhata [4]

1. Sexual intercourse after consuming Sneha (unctuous substances) or after emesis

2. Frequent intake of milk with meat of domestic, marshy, and aquatic animals
3. Swimming after exposure to heat or suppression of vomiting

IV. SAMPRAPTI (ETIOPATHOGENESIS)

Excessive indulgence in causative factors leads to vitiation of Tridosha, which further vitiates Twak, Rakta, Mamsa, and Ambu. This results in Kleda Utpatti, causing discoloration, itching, burning sensation, redness, and other manifestations, ultimately producing Kushtha. Acharya Charaka describes the involvement of seven Dushyas along with Tridosha in the pathogenesis [5].

According to Acharya Sushruta, vitiated Pitta and Kapha aggravate Vata, which spreads through Tiryaka Sira to the Bahya Rogamarga (Twak, Rakta, Mamsa, and Lasika), producing characteristic lesions (Mandala) [7].

V. PREMONITORY SYMPTOMS (PURVARUPA)

According to Acharya Charaka [8]

- Anaesthesia (Sparsha-Ajnyana)
- Excessive or absent sweating
- Discoloration
- Eruptions and rashes
- Horripilation
- Itching and pricking pain
- Fatigue and exhaustion
- Burning sensation
- Numbness of limbs

According to Acharya Sushruta [9]

- Roughness of skin
- Sudden horripilation
- Itching
- Excess or absence of sweating
- Numbness of body parts
- Spreading of wounds

Acharya Vagbhata notes chronicity of wounds with delayed healing and roughness of skin [10].

VI. CLASSIFICATION OF KUSHTHA

Kushtha is described as a Tridoshaja Vyadhi. It is broadly classified into Mahakushtha and Kshudrakushtha.

	Charaka	Sushruta	Vagbhata	Madhav-nidana
	Kapal	Kapal	Kapal	Kapal
Mahakushtha	Udumbar	Udumbar	Udumbar	Udumbar
	Mandala	Rishyajivha	Mandala	Mandala
	Rishyajivha	Pundarika	Rishyajivha	Rishyajivha
	Pundarika	Kakanak	Pundarika	Pundarika
	Siddhma	Aruna	Dadru	Sidhma
	Kakanak	Dadru	Kakanak	Kakanak
Kshudrakushtha	Ekakushtha	Ekakushtha	Ekakushtha	Ekakushtha
	Charmakushtha	Kitibha	Charmakushtha	Charmakushtha
	Kitibha	Charmadala	Kitibha	Kitibha
	Vipadika	Pama	Vipadika	Vaipadika
	Alasaka	Vicharchika	Alasaka	Alasaka
	Dadrumandala	Visarpa	Dadru	Dadru
	Charmadala	Parisarpa	Charmadala	Charmadala
	Pama	Sidhma	Pama	Pama
	Visphota	Rakasa	Visphota	Kacchu
	Shataru	Sthula	Shataru	Visphota
	Vicharchika	Arushka	Vicharchika	Shataru
	Kachhu		Sidhma	Vicharchika

Classification Based on Dosha Predominance [12]

- Vataja
- Pittaja
- Kaphaja

Classification Based on Dhatu Involvement [13]

- Rasagata
- Raktagata
- Mamsagata
- Medogata
- Asthigata
- Majjagata
- Shukragata

Treatment

According to Acharya Charaka, treatment should be planned based on predominant Dosha [14].

- Snehapana for Vata-dominant Kushtha
- Vamana for Kapha-dominant Kushtha
- Virechana for Pitta-dominant Kushtha [15]

Acharya Sushruta and Yogaratnakara recommend periodic Shodhana therapies including Vamana, Virechana, Nasya, and Raktamokshana [16]. Dietary restrictions include avoidance of sour, salty, heavy foods, curd, milk products, jaggery, wetland animal meat, and sesame [17]. Light diets rich in Tikta Rasa,

old grains, green vegetables, and medicated ghee are advised [18].

VII. DISCUSSION

Kushtha is described in Ayurvedic literature as a chronic and deep-seated disorder involving all three Doshas along with multiple Dhatus, primarily Twak, Rakta, Mamsa, and Lasika. The present review highlights that Kushtha is not merely a localized skin pathology but a systemic disease with extensive internal involvement. Classical texts unanimously describe Kushtha as a Tridoshaja Vyadhi, where Dosha predominance determines the clinical presentation, progression, and prognosis.

The etiological factors (Hetu) described by Acharyas Charaka, Sushruta, and Vagbhata emphasize improper dietary habits (Viruddha Ahara), faulty lifestyle practices, suppression of natural urges, and unethical or sinful acts. These causative factors mainly lead to Agnimandya and subsequent formation of Ama, which acts as a primary pathological factor in Kushtha. The repeated indulgence in such Nidanas results in vitiation of Doshas and loss of integrity (Shaithilyata) of the Dhatus, facilitating disease manifestation.

The concept of Samprapti explained in classical texts demonstrates a well-defined sequence of pathological events. Vitiating Tridoshas spread through Tirya Sira

and localize in the Bahya Rogamarga, producing characteristic lesions. The involvement of seven Dushyas, as stated by Acharya Charaka, further establishes Kushtha as a disease with complex and multifactorial pathology. The gradual penetration of Doshas into deeper Dhatus explains the chronicity (Deerghakalina Swabhava) and difficulty in management of Kushtha.

Premonitory symptoms (Purvarupa) described in Ayurvedic texts such as discoloration, itching, altered sweating, numbness, and roughness of skin indicate early pathological changes at the Dhatu level. Recognition of these symptoms provides an opportunity for early intervention, potentially preventing full disease manifestation. The similarity of Purvarupa described by different Acharyas reflects a consistent understanding of disease evolution in Ayurveda.

The extensive classification of Kushtha into Mahakushtha and Kshudrakushtha, along with further categorization based on Dosha predominance and Dhatu involvement, highlights the depth and precision of Ayurvedic dermatology. This classification aids clinicians in accurate diagnosis, prognosis, and individualized treatment planning. The concept that Kushtha can be innumerable (Aparisankhyeya) underscores the variable clinical presentations influenced by Dosha, Dushya, and individual constitution (Prakriti).

Treatment principles emphasize repeated Shodhana Chikitsa as the cornerstone of Kushtha management. Classical references advocate periodic elimination therapies such as Vamana, Virechana, Nasya, and Raktamokshana to expel deeply seated Doshas. This approach aligns with the understanding that without elimination, Doshas tend to re-aggravate, leading to recurrence. Following Shodhana, Shamana Chikitsa, dietary regulation, and lifestyle modification are essential to maintain Dosha equilibrium and prevent relapse.

Overall, the Ayurvedic approach to Kushtha is holistic, focusing on correction of internal pathology rather than symptomatic suppression. The emphasis on Nidana Parivarjana, Shodhana, Shamana, and Pathya-Apathya reflects a comprehensive disease management strategy aimed at long-term remission and improved quality of life.

VIII. CONCLUSION

Ayurvedic literature provides a detailed and systematic understanding of Kushtha, encompassing its etiology, pathogenesis, classification, clinical features, and management. Kushtha is recognized as a chronic disorder involving Tridosha vitiation and multiple Dhatu involvement, making its management challenging and prolonged. Classical texts emphasize that Kushtha cannot manifest without Dosha imbalance, particularly when supported by improper diet and lifestyle practices.

The principles of Nidana Parivarjana and Samprapti Vighatana form the foundation of effective management. Repeated Shodhana Chikitsa is advocated to eliminate deeply rooted Doshas, followed by Shamana Chikitsa to pacify residual Doshas and restore tissue balance. Dietary regulations, lifestyle discipline, and adherence to Pathya play a crucial role in preventing recurrence.

The comprehensive classification of Kushtha into Mahakushtha and Kshudrakushtha, along with Dosha- and Dhatu-based categorization, reflects the advanced diagnostic framework of Ayurveda. This classical knowledge remains clinically relevant and provides valuable guidance for individualized patient management.

In conclusion, Kushtha management in Ayurveda is based on a holistic and root-cause-oriented approach. By integrating Shodhana, Shamana, and preventive measures, Ayurveda offers a rational and effective system for managing chronic dermatological disorders. The classical principles discussed in this review continue to hold significance in contemporary dermatological practice and emphasize the timeless relevance of Ayurvedic science.

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