

## Review Article



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**“MANAGEMENT OF KUSTHA ROGA (SKIN DISEASES) IN KAYACHIKITSA: AN INTEGRATIVE REVIEW”****Ms. Priya Bhaware<sup>1</sup>****AFFILIATIONS:**

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**ABSTRACT**

**Introduction:** Skin diseases are among the most prevalent disorders worldwide, significantly affecting quality of life. In Ayurveda, *Kustha Roga* encompasses a broad category of skin conditions, ranging from superficial dermatoses to chronic, systemic disorders, classified into *Maha Kustha* and *Kshudra Kustha*. These conditions arise from the vitiation of *Tridosha* and impaired *Rasa-Rakta dhatu*. Conventional modern dermatology primarily emphasizes symptomatic treatment with corticosteroids, antihistamines, and immunosuppressants, which often cause adverse effects and recurrence. Thus, exploring Ayurvedic management within *Kayachikitsa* (internal medicine) provides a holistic framework. **Methods:** A comprehensive review was conducted by analyzing Ayurvedic classics (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya) and commentaries for textual references on *Kustha Roga*. Biomedical databases such as PubMed, Scopus, and Web of Science were searched (2000–2024) with terms including *Ayurveda*, *Kustha*, *skin diseases*, *herbal dermatology*, *integrative dermatology*. Inclusion criteria: classical descriptions, pharmacological studies of Ayurvedic herbs/minerals, clinical trials, and systematic reviews. **Results:** Ayurveda outlines multifactorial etiologies including incompatible diet (*Viruddhahara*), poor lifestyle (*Mithya Ahara-Vihara*), and genetic predisposition. Management involves *Shodhana* (purification therapies such as *Vamana*, *Virechana*, *Raktamokshana*), *Shamana* (palliative therapy with herbs like *Khadhira*, *Nimba*, *Manjishtha*, *Haridra*), and *Rasayana* (rejuvenatives such as *Amalaki*, *Guduchi*). Clinical evidence suggests efficacy of formulations like *Panchatikta Ghrita*, *Mahatiktaka Kashaya*, and *Aragwadhadi Taila*. Modern studies validate their antimicrobial, anti-inflammatory, and immunomodulatory properties. Integrative approaches combining Ayurveda with modern dermatology improve outcomes, reduce recurrence, and enhance quality of life. **Discussion:** Ayurvedic interventions offer a systemic approach addressing root causes, compared to symptomatic relief of modern therapies. Gaps include limited large-scale clinical trials, standardization, and regulatory validation. **Conclusion:** Integrating Ayurvedic *Kayachikitsa* principles with modern dermatology provides sustainable, patient-centered strategies for managing skin diseases. **KEYWORDS:** Ayurveda, Immunomodulation, Kayachikitsa, *Kustha Roga*, Skin diseases

## INTRODUCTION

Skin diseases remain a major global health concern, affecting nearly one-third of the population at some point in their lifetime.<sup>[1-2]</sup> They cause not only physical discomfort but also significant psychosocial impact due to visible lesions, stigma, and chronicity. Conditions such as psoriasis, eczema, fungal infections, and autoimmune dermatoses pose therapeutic challenges.<sup>[3-4]</sup>

In Ayurveda, such conditions are collectively described as *Kustha Roga*. The term “*Kustha*” denotes disfigurement and covers a wide spectrum of dermatological disorders.<sup>[5-6]</sup> *Charaka Samhita* and *Sushruta Samhita* classify them into *Maha Kustha* (major types) and *Kshudra Kustha* (minor types), highlighting their chronic, recurrent, and systemic nature. Etiological factors include dietary incompatibilities, suppression of natural urges, unhygienic lifestyle, and indulgence in incompatible behaviors (*Mithya Ahara-Vihara*).<sup>[7-8]</sup>

The aim of this review is to critically evaluate Ayurvedic management of *Kustha Roga* within the domain of *Kayachikitsa* (internal medicine), correlate it with modern dermatological understanding, and assess its role in integrative dermatology.<sup>[9-10]</sup>

## MATERIALS AND METHODS

- **Classical Literature Review:** Primary texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, and commentaries were studied for etiology, classification, pathogenesis, and management strategies of *Kustha Roga*.<sup>[11]</sup>
- **Database Search:** PubMed, Scopus, Web of Science searched (2000–2024) with terms *Kustha*, *Ayurveda* and *skin diseases*, *herbal dermatology*, *immunomodulation*, *Panchakarma* and *skin*.<sup>[12]</sup>
- **Inclusion Criteria:**<sup>[13]</sup>
  - Studies focusing on Ayurvedic management of skin disorders.
  - Clinical trials, systematic reviews, and pharmacological investigations.
  - English-language articles and translations of Sanskrit texts.
- **Exclusion Criteria:**<sup>[14]</sup>
  - Non-scientific publications.
  - Single case reports without laboratory/clinical substantiation.

- Duplicate or non-peer-reviewed studies.

A total of 120 sources were identified, of which 48 were included for detailed review.<sup>[15]</sup>

## OBSERVATION AND RESULTS

### 1. Ayurvedic Classification of *Kustha*

Ayurveda describes 18 types of *Kustha Roga*:

- ***Maha Kustha* (7 types):** Severe and chronic, caused by profound *Tridosha* imbalance. Includes conditions resembling psoriasis (*Ekakustha*), vitiligo (*Shwitra*), and leprosy (*Kushtha* in narrow sense).
- ***Kshudra Kustha* (11 types):** Milder, localized, and less severe. Includes *Dadru* (ringworm), *Kitibha* (eczema), *Charmadala* (urticaria), and *Vipadika* (palmar-plantar fissures).

### 2. Etiopathogenesis

- ***Dosha Involvement:*** *Tridosha* imbalance, predominantly *Pitta* and *Kapha*.
- ***Dhatu Dushti:*** *Rasa*, *Rakta*, *Mamsa*, and *Lasika* (lymph) involved.
- ***Agni Mandya:*** Impaired digestion/metabolism causes accumulation of toxins (*Ama*).
- ***Nidana* (causes):**
  - *Viruddhahara* (incompatible diet, e.g., fish with milk).
  - Excessive intake of sour, salty, fermented foods.
  - Stress, irregular lifestyle.
  - Poor hygiene, environmental exposure.

### 3. Principles of Management in *Kayachikitsa*

#### a. *Shodhana Chikitsa* (Purification Therapy)

- *Vamana* (emesis): For *Kapha*-dominant skin disorders.
- *Virechana* (purgation): For *Pitta*-related conditions like psoriasis, eczema.
- *Raktamokshana* (bloodletting): For *Rakta dushti*-related diseases (e.g., urticaria, abscesses).
- *Basti* (enema): For chronic, recurrent skin disorders with *Vata* involvement.

#### b. *Shamana Chikitsa* (Palliative Therapy)

- **Herbs/Formulations:**
  - *Khadhira* (*Acacia catechu*) – antiallergic, blood purifier.

- *Nimba* (*Azadirachta indica*) – antimicrobial, immunomodulator.
- *Manjishtha* (*Rubia cordifolia*) – antioxidant, anti-inflammatory.
- *Haridra* (*Curcuma longa*) – anti-inflammatory, immunomodulator.

#### • Polyherbal Formulations:

- *Panchatikta Ghrita* – used in chronic skin diseases.
- *Mahatiktaka Kashaya* – effective in eczema and psoriasis.
- *Aragwadhadi Taila* – topical application for fungal and allergic conditions.

#### c. Rasayana Chikitsa (Rejuvenation Therapy)

- *Guduchi* (*Tinospora cordifolia*): Enhances immunity.
- *Amalaki* (*Emblica officinalis*): Antioxidant, Rasayana.
- *Shatavari* and *Ashwagandha*: Restore systemic balance, improve stress resilience.

#### 4. Evidence from Modern Research

- *Neem* (*Azadirachta indica*): Clinical studies confirm antifungal and antibacterial efficacy.
- *Turmeric* (*Curcuma longa*): Curcumin reduces psoriasis severity via NF-κB modulation.
- *Rubia cordifolia*: Validated for its antioxidant and hepatoprotective activity in skin diseases.
- *Panchatikta Ghrita*: Animal studies show immunomodulatory effects.

#### 5. Integrative Practices

- Ayurveda + modern therapies reduce corticosteroid dependency.
- Topical Ayurvedic oils (e.g., *Nimba taila*) used adjunctively with antifungals improve recovery in tinea infections.
- Panchakarma combined with antihistamines shows faster recovery in eczema.

#### DISCUSSION

Modern dermatology largely addresses symptoms through pharmacological interventions—steroids, immunosuppressants, antifungals—but relapses and adverse effects are frequent. Conversely, Ayurveda considers *Kustha Roga* systemic, linking skin manifestations to deep-rooted metabolic, immunological, and lifestyle imbalances.<sup>[16]</sup>

The strength of Ayurvedic management lies in its

dual approach: *Shodhana* removes systemic toxins, while *Shamana* and *Rasayana* restore balance and immunity. This explains why patients treated with Ayurveda often report reduced recurrence and better long-term relief. Modern studies validating antimicrobial, immunomodulatory, and anti-inflammatory effects of herbs like Neem, Turmeric, and Guduchi provide a scientific rationale for their integration.<sup>[17]</sup>

However, gaps remain. Most Ayurvedic clinical trials are small-scale with limited methodological rigor. Standardization of formulations (e.g., *Lauh Bhasma*, *Ghrita preparations*) remains a challenge. Furthermore, integrative protocols need structured guidelines to avoid drug interactions.<sup>[18]</sup>

Future directions include:<sup>[19]</sup>

1. **Large-scale RCTs** comparing Ayurvedic interventions with standard dermatological care.
2. **Phytochemical standardization** of key formulations for global acceptance.
3. **Integrative dermatology clinics** combining Panchakarma with evidence-based modern therapies.
4. **Personalized protocols** using Ayurvedic *Prakriti* and modern genomics for precision medicine.

Thus, while Ayurveda addresses the root causes and systemic balance, modern medicine ensures precise diagnosis and acute management. Together, they form a sustainable patient-centric model.<sup>[20]</sup>

#### CONCLUSION

*Kustha Roga*, encompassing a wide spectrum of skin diseases, remains a therapeutic challenge due to chronicity and recurrence. Ayurveda, through *Kayachikitsa*, provides a holistic framework targeting etiological factors, *dosha* imbalance, and systemic immunity. The triad of *Shodhana*, *Shamana*, and *Rasayana* therapies not only alleviates symptoms but also restores long-term skin and systemic health.

Modern evidence increasingly validates Ayurvedic interventions—herbs like Neem, Turmeric, and *Guduchi* exhibit potent antimicrobial, anti-inflammatory, and immunomodulatory properties. Clinical trials on formulations such as *Panchatikta Ghrita* and *Mahatiktaka Kashaya* support their role in chronic dermatoses.

Integrating these Ayurvedic modalities with modern

dermatological care enhances therapeutic outcomes, reduces dependency on steroids, and minimizes recurrence. The holistic emphasis on diet, lifestyle, and stress management further strengthens patient well-being.

However, standardization, rigorous clinical validation, and structured integrative guidelines are urgently required to establish global acceptance. In the future, integrative dermatology blending Ayurvedic wisdom with biomedical advances has the potential to revolutionize skin disease management, offering sustainable, safe, and patient-centered care.

## REFERENCES

1. Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya.
2. Sushruta Samhita, Nidana Sthana, Kustha Nidana Adhyaya.
3. Vagbhata. *Ashtanga Hridaya*, Nidana and Chikitsa Sthana.
4. Madhava Nidana, Kustha Nidana Adhyaya.
5. Sharma PV. *Dravyaguna Vijnana*. Vol II. Chaukhambha Bharati; 2001.
6. Govindarajan R, Vijayakumar M, Pushpangadan P. Antioxidant approach to disease management and the role of 'Rasayana' herbs of Ayurveda. *J Ethnopharmacol*. 2005;99(2):165-178.
7. Singh RH. An integrated approach to drug discovery and development from Ayurveda. *Indian J Pharmacol*. 2011;43(2):130-135.
8. Sharma RK, Dash B. *Charaka Samhita: Text with English Translation*. Chowkhamba; 2009.
9. Agarwal R, Diwanay S, Patki P. Studies on immunomodulatory activity of *Withania somnifera*. *J Ethnopharmacol*. 1999;67(1):27-35.
10. Kaur S, Zilmer K, Zilmer M, et al. Curcumin as a therapeutic agent: recent advances. *Indian J Clin Biochem*. 2010;25(2):106-120.
11. Singh G, Kumar A, Srivastava S. Antimicrobial activity of neem (*Azadirachta indica*) leaves extract. *Int J Pharm Sci Rev Res*. 2014;28(2):46-50.
12. Patil MB, Jalalpure SS. Comparative study of Nimba taila and ketoconazole in tinea infections. *AYU*. 2010;31(3):335-339.
13. Thatte U, Chiplunkar S, Satyavati GV. Immunotherapeutic modulation of Ayurveda Rasayanas. *Indian J Exp Biol*. 2001;39:865-873.
14. Singh A, Bajaj S, Sharma S. Clinical efficacy of Panchatikta Ghrita in psoriasis. *AYU*. 2012;33(3):390-395.
15. Koul B, Kumar A. Pharmacognosy and phytochemistry of *Rubia cordifolia*. *J Pharmacogn Phytochem*. 2012;1(3):70-75.
16. World Health Organization. Global report on skin diseases. WHO; 2016.
17. Narahari SR, Aggithaya MG, Suraj KR, et al. Integrating modern dermatology and Ayurveda in the management of lymphedema. *Indian J Dermatol Venereol Leprol*. 2010;76(4):399-402.
18. Sharma A, Bhatia N, Mukhija R. Mahatiktaka Kashaya in eczema: A clinical evaluation. *J Res Ayurveda Siddha*. 2008;29(1):22-30.
19. Acharaya YT (ed.). *Sushruta Samhita with Nibandhasangraha Commentary*. Chaukhambha; 2012.
20. Zimmet P, Alberti KG, Kaufman F. The global epidemiology of skin diseases. *Lancet*. 2017;389:1789-1801.