Decoding the Biological Identity: Systemic and Environmental Triggers of Chronic Dermatoses in Ayurveda

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Abstract

The skin acts not only as the body's protective covering but also as an internal signature of our biological "identity"—and a medium through which we constantly interact with the outside world. *Kushtha* stands out as a condition that has long affected human beings. Ayurveda discusses Kushtha thoroughly—its causes, symptoms, complications, and approaches to treatment. In fact, it is regarded as one of the most persistent and long-standing diseases known in the tradition. Yet, due to the diversity in their presentation, several other conditions—such as *Visarpa*, *Kilas*, *Shvitra*, *Masurika*, *Romantika*, *Shitpitta*, *Udarda*, and others—are also considered part of the broader category of skin disorders. Long-standing skin conditions such as *Ekakushtha* usually arise from a mix of hereditary tendencies, immune disturbances, nutritional deficiencies or sensitivities, and the accumulation of toxins within the body. These disorders often follow a chronic and unpredictable course, and they frequently respond poorly to treatment. *Ekakushtha* itself is an immune-driven condition that presents in various forms and tends to flare up and subside repeatedly. It is both common and challenging to manage, affecting an estimated 2–3% of the global population.

Although the specific causes of *Ekakushtha* are not separately listed, it is grouped under *Kshudrakushtha*, which means that many of the etiological factors described for Kushtha in general are considered applicable to Ekakushtha as well. Improper dietary habits, including *mithyā āhāra* (incorrect eating patterns), *ahita āhāra* (unwholesome foods), and *viruddha āhāra* (incompatible food combinations), are identified as major causative factors. These disrupt *Jatharagni*, leading to the formation of *Āma* and *Āmaviṣa*. Over time, weakened digestive and tissue metabolism (*Jatharāgnimāndya* and *Dhātvāgnimāndya*) reduce the body's disease resistance (*Alpa Vyādhi Kṣhamatva*), creating a fertile ground for chronic skin disorders to emerge. Suśruta was the first to clearly point out hereditary (*Anuvansika*) and infectious (*Krimija*) factors as important contributors to the development of Kushtha. The condition is also classified as an *Aupasargika Roga*, suggesting that it can spread from one individual to another. Additionally, Ayurveda describes Kushtha as both *Raktapradoshaja* and *Santarpanajanya*, indicating that factors which disturb or vitiate the blood, as well as those arising from over-nourishment and excess, can play a significant role in its onset.

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Introduction

The term *Kushtha* is derived from the roots *"Kus nishkarshane"* combined with the suffix *"kta"*. The root conveys the sense of destruction, scraping out, or deformity, while the suffix implies certainty or firmness. Collectively, the word *Kushtha* denotes a condition that leads to definite and progressive destruction. *Bhāvaprakāśa* explains that the term *Ekakushtha* was specifically assigned to emphasise its clinical significance among the varieties of *Kṣhudra Kushtha*. According to Āchārya Suśruta, Ekakushtha is characterised by blackish or reddish discolouration of the skin. Āchārya Vāgbhaṭa, in *Aṣṭāṅga Hṛdaya*, follows the description given by Charaka, although he employs the term *Mahāśrayam* in place of *Mahāvastu*. Clinically, the lesions of Ekakushtha are described as *chakrākāra* (circular in shape) with scaling resembling *abhrakapatra* (mica). Āchārya Kāśyapa has also mentioned *Visarpa* as a causative factor of Ekakushtha, noting that the condition tends to spread continuously throughout the body and may be associated with discharge, pain, and the presence of *krimi* within the lesions. From an Ayurvedic perspective, the phenomenon of hyperkeratinization can be explained through alterations at the subtle or molecular level, particularly involving changes in the rate of cell division, a function governed by *Vāyu*. Each cell is believed to possess an inherent regulatory memory that influences its division and growth. Āchārya Charaka further elaborates that *Pitta Doṣha* plays a role in the development of scaling. The *snigdhata* and *slakṣhnata* produced by vitiated *Kapha* result in smooth and silvery skin, whereas the involvement of aggravated *Vāyu* prevents complete smoothness by introducing mild roughness. This interaction gives rise to the characteristic appearance described as *matsya-śakalopama* (fish-scale-like lesions).

Nidana: of Kushtha mentioned in different classical texts

तत्रेदं सर्वकुष्ठनिदानं समासेनोपदेक्ष्यामः—शीतोष्णव्यत्यासमनुपूर्व्योपसेवमानस्य तथासन्तर्पणापतर्पणाभ्यांअहारविहारव्यत्यासं,गुरुलघ्वम्ललवणकटुतिक्तकषायमधुराणामत्यर्थसेवनम्,अजीर्णे चाशनं, भुक्त्वा दिवास्वप्नं,व्यायामात्यन्तं, क्षुद्वेगविघातं,वमनविरेचनयोर्वैषम्यं,पापकर्मसमाचारं, देवगुरुद्विजगवां निन्दनं,पूर्वकृतकर्म च। एते दोषाः प्रकुपिताः स्थानमनिगम्यसन्तिष्ठमानास्त्वगादीन् दूषयन्तःकुष्ठान्यभिनिर्वर्तयन्ति ॥६॥ (च.नि 5/6)

Aetiology of Kushtha in Ayurveda

Classical Ayurvedic literature provides a detailed account of the etiological factors (*Nidāna*) responsible for the manifestation of *Kushtha*. As all varieties are grouped under a single disease entity, their causation is explained based on common etiological principles. Rather than enumerating separate causative factors for each subtype, the Ayurvedic texts describe a set of general or *Sāmānya Nidāna* applicable to all forms of Kushtha. For systematic understanding, the etiological factors of Kushtha may be broadly classified into the following categories:

1. *Āhāra Hetu* (dietary factors)
2. *Vihāra Hetu* (behavioural and lifestyle factors)
3. *Āchāra Hetu* (ethical and conduct-related factors)
4. *Anya Hetu* (miscellaneous factors)

Āhāra Hetu (Dietary Aetiology)

Dietary indiscretions are regarded as the most significant contributors to the pathogenesis of Kushtha, with *Viruddha Āhāra* (incompatible diet) and *Mithyā Āhāra* (improper dietary habits) being particularly emphasised.

Viruddha Āhāra

The term *Viruddha* or *Vairodhika* denotes substances that are incompatible or antagonistic in nature. Any dietary article that adversely affects the normal state of bodily *Dhātus* is considered Viruddha. Such substances disturb the physiological integrity of the tissues, rendering them vulnerable to pathological changes. According to the commentaries of Āchārya Chakrapāṇi and Yogīndranātha Sena, the term *Dehadhātu* includes both *Dhātus* and *Doṣhas*, while Āchārya Gaṅgādhara extends this definition to include *Malas*. Chakrapāṇi interprets *Virodha* as *Duṣhaṇa* (vitiation), whereas Gaṅgādhara describes it as *Nāśaka* (destructive). Viruddha substances tend to provoke the Doṣhas without facilitating their elimination. These aggravated and displaced Doṣhas interfere with normal physiological functions, giving rise to a spectrum of disorders and, in severe cases, may even prove fatal. However, Charaka emphasises that the occasional intake of incompatible food does not necessarily result in disease; rather, continuous and habitual consumption is required for pathological manifestation. Charaka further states that Viruddha Āhāra does not exert deleterious effects in individuals who are young, habituated (*Satmya*) to such foods, consume them in small quantities,

possess strong digestive power (*Prabala Agni*), have undergone *Snehana* therapy, or maintain physical robustness through regular exercise.

Eighteen varieties of Viruddha Āhāra have been described by Charaka based on incompatibility with *Deśha*, *Kāla*, *Agni*, *Mātrā*, *Satmya*, *Doṣha*, *Saṁskāra*, *Vīrya*, *Koṣhṭha*, *Krama*, *Parihāra*, *Apacāra*, *Pāka*, *Saṁyoga*, *Hṛda*, *Sampad*, and *Vidhi*. Additionally, Āchārya Vāgbhaṭa has drawn a parallel between the effects of Viruddha Āhāra and *Viṣha* (poison), underscoring its potent and harmful impact on the body.

Table 1: Ati Sevana: It can be categorised based on the following factors:

Items	**Ayurvedic Nidana**	**Ch**	**Su**	**A.H**	**Ma.Ni**	**Modern Implication**
Rasa	Amla, Lavana, Katu and Kshara	+	+	-	+	Pickle, jam and sauce, Chinese food dishes
Guna	Guru Snighdha Ahara	+	-	-	+	Ladoo, ghee, sweets, cake, chocolate
Grains	Navdhanya, Nishpava Hayanaka, Udalaka, Etc	+	-	-	+	Wheat, polished rice, Bajra, Barley
Pulses	Kulatha, Masha	+	-	-	+	Black gram, Pigeon, Peas, Lentil
Dairy product	Kshira, Dadhi, Payasama, Takra,	+	-	-	+	Milk and its derivatives, like curd, butter milk, cheese, paneer, etc.
Anupa	Matsya, Gauaya,	-	+	-	-	Fish, Pig, Deer
mamsa	Varaha, etc					
Prasaha mamsa	Marjara, Lopaka, Jamdook, etc	-	+	-	-	Chicken, mutton, pigeon, peacock, etc.
Sweet substance	Madhu, Phanita / Guda	++	--	--	-+	Honey, Phanita
Oil	Tila, Sarshapa, Kusumbh	+	-	-	+	Sesame, castor oil
Vegetables	Mulaka, Lakuch, Kakmachi	+	-	-	+	Radish
Others	Pishta Anna, Tila, Kola	+	-	-	-	Foods like puri, kachoris, etc.

Mithyā Āhāra refers to improper dietary behaviour that arises from inappropriate food selection, incorrect meal habits, and disturbances in eating routines. It includes consuming food in unsuitable combinations, eating in the wrong sequence, or taking substances such as alcohol in excessive amounts. This can impair normal digestion and metabolic balance. Over time, these faulty dietary practices disrupt *Agni*, promote the formation of *Āma*, and create physiological conditions that increase vulnerability to disorders like *Kushtha*.

Table 2: Mithya Ahara:

Nidana Of Kushtha	**Ch.**	**Su.**	**A.H.**	**Ma.Ni**
Aaharaja Nidana				
Viruddha Ahara				
Intake of Mulaka, Lashuna, etc. with milk	+	-	-	-
Gramya, Anupa, Audaka, Mamsa with milk	+	+	-	-
Intake of Chilchim fish with milk	+	-	-	-
Pippali, Kakamachi,	-	-	+	-

Lakucha with Dadhi and Ghee				
Mulaka with Guda	-	-	+	-
Honey and meat after taking hot diet and water	-	-	+	-
Vidahi, Vidagdha, Upaklinna, Puti Anna	+	-	-	-
Ajirna bhojana	+	+	-	+
Asatmya bhojana	-	+	-	-
Atibhojana	+	+	-	-
Shitosnaviparyaya	+	-	-	-

Viharaja Nidana	**Ch.**	**Su.**	**A.H.**	**Ma.Ni**
Shitoshna Vyatyasa Sevana and Anupdrvya Sevana	+	-	-	-
Use of Santarpana and Apatarpana diet without sequence	+	-	-	-
Sudden exposure to cold stimuli	+	+	-	+
Physical exertion or sun exposure immediately after a heavy meal	+	-	-	+
Sexual activity during a state of indigestion (*Ajirna*)	+	-	-	+
Suppression of Vegas like Chhardi, Mutra, Purisha	+	+	-	+
Improper post-procedural regimen during Panchakarma	+	+	-	+
Divasvapna after lunch	+	-	-	-
Achara Hetu				
Vipra Guru Tiraskara	+	-	-	+
Employing resources gained by unethical means	-	-	+	-
Papa Karma	+	+	+	+
Harming or taking the life of virtuous individuals	-	-	+	-

Other Nidāna (Additional Causative Factors)

Ayurvedic texts also mention several supplementary etiological factors for *Kushtha* in dispersed references, which further expand the understanding of its causation.

Saṁsargaja Hetu

Kushtha is classified among the *Aupasargika Roga*, indicating that it may spread through certain forms of interpersonal contact. Classical descriptions note transmission through close association, direct touch (*gatra-saṃsparśa*), inhalation of an affected person's breath (*niḥśvāsa*), sharing meals (*sahabhojana*), and other intimate social interactions (*prasaṅga*). These modes of spread highlight its communicable potential under specific conditions.

Kulaja Nidāna

Hereditary predisposition is explained through *Kulaja Nidāna*, where the disease arises from defects in reproductive elements (*bīja-doṣa*). Suśruta identifies Kushtha as an *Ādibalapravṛtta Vyādhi*, suggesting that its origin may lie in abnormalities of *śukra* and/or *śoṇita*. This hereditary influence implies that the offspring of affected individuals have an increased likelihood of developing the condition due to inherent constitutional vulnerability.

Krimija Hetu

According to Suśruta, the origin of Kushtha is associated with the combined involvement of *Vāta*, *Pitta*, *Kapha*, and *Krimi*, indicating that parasitic or microbial factors may contribute to its development. Charaka further supports this view by stating that the causative factors and therapeutic approach for *Raktaja Krimi* are essentially comparable to those described for Kushtha, suggesting an overlapping pathogenesis between the two conditions.

Chikitsa-Vibhrama-Samjanya Hetu

Therapeutic mismanagement is also identified as a potential causative factor for Kushtha. The use of *Stambhana* therapies in the early stages of conditions such as *Raktarśa*, *Raktapitta*, and *Āmatisāra* may obstruct the pathological material and create a basis for disease manifestation. Likewise, improper administration of Panchakarma procedures or non-compliance with the prescribed regimen by the patient, referred to as *Pañcakarma Apacāraṇa,* is described as a contributing cause. Kushtha is classified as both a *Raktapradoṣaja* and *Santarpanajanya Vyādhi*, indicating that vitiation of the blood and excessive nourishment or overindulgence (*Santarpaka Nidāna*) play significant roles in its pathogenesis. Thus, factors that aggravate *Rakta* and promote over-nutrition or metabolic congestion can be considered contributory to the emergence of Kushtha.

Discussion

Ayurvedic pathology positions *Agnimāndya* as the primary disturbance initiating the disease process in Kushtha. When *Agni* is impaired by inappropriate diet (*Āhāraja Nidāna*), irregular lifestyle patterns (*Vihāraja Nidāna*), and behavioural or emotional disharmony (*Ācāraja Nidāna*), metabolic regulation falters, and *Āmaviṣa* is formed. Involvement of *Bhrajaka Agni* at the cutaneous level enables this toxic residue to obstruct local channels, weaken tissue stability, and create a receptive environment for disease expression. As these tissues lose resilience, aggravated *Doṣhas*, *Āma*, and the *Poṣhaka Aṃśa* of affected *Duṣyas* settle locally, marking the early stage of pathology in skin disorders including Kushtha.

Dietary mismanagement (*Mithyā Āhāra*) and incompatible combinations (*Viruddha Āhāra*) intensify this progression by disturbing digestion, autonomic balance, and gastrointestinal coordination. Repeated indulgence gradually produces chronic internal imbalance, although individuals with strong digestion or physical robustness may show temporary resistance. Psychological strain and ethical misconduct further aggravate the condition by stimulating *Rajas* and *Tamas*, paralleling the recognised role of stress in chronic inflammatory skin conditions, including psoriasis-like presentations. Together, these factors provoke *Vāta* and *Kapha*, promote *Āma* formation, and weaken the *Dhātus*. The pathological complex enters *Tiryak Srotas* and becomes localised in *Tvak*, *Māṃsa*, and related channels, obstructing *Rasavaha*, *Raktavaha*, *Māṃsavaha*, and *Svedavaha Srotas*. Clinical features such as *Asvedana*, *Tvak Vaivarnya*, and *Mahāvastu* emerge, and with deeper involvement, systemic complications—*Prasravana, Aṅgabheda, Jvara, Atisāra,* and *Daurbalya*—may develop.

Conclusion

The pathogenesis (*Samprapti*) of Kushtha begins with *Sanchaya*, where the *Doṣhas* accumulate in their respective sites and remain stagnant, a state termed *Doṣha Sanchaya*. The intensity and speed of this accumulation correspond to the strength of the causative factors (*Nidāna*). Continuous exposure to these Nidānas impairs *Bhrajaka Agni*, leading to the production of *Āmaviṣa* at the local level. This toxic metabolite obstructs the *Srotas*, creating functional disturbance and laying the foundation for subsequent pathological stages. Although clinical signs of this early *Chaya* stage may appear, they are often subtle, indistinct, and difficult to recognise in the initial phases of dermatoses such as *Dadru* or ringworm-like conditions.

In Ayurveda, the therapeutic framework for such conditions—including *Ekakuṣṭha*, a presentation comparable to chronic plaque psoriasis—follows the triad of *Nidāna Parivarjana*, *Apakarṣhaṇa*, and *Prakṛti Vighāta*, as described by Charaka. Eliminating causative factors (*Nidāna Parivarjana*) remains central, since sustained exposure to inappropriate diet and lifestyle perpetuates the cycle of *Agni* impairment, *Āma* formation, and *Doṣha* vitiation. This highlights the preventive and corrective role of diet, emphasising that in Kushtha and related skin diseases, nourishment (*Āhāra*) often exerts greater influence than medication itself. Diet not only provides structural substrates for tissue integrity but also sustains immunity and metabolic balance. Ayurvedic literature attributes the causation of Kushtha to broad categories of *Samānya Nidāna* rather than disease-specific triggers. These include *Āhāra Hetu* (dietary misconduct), *Vihāra Hetu* (faulty lifestyle habits), and *Ācāra Hetu* (behavioural and ethical disturbances), supported by additional causes such as *Kulaja Nidāna* (hereditary predisposition) and *Krimija Nidāna* (infective or microbial involvement). Together, these factors lead to the simultaneous aggravation of *Vāta* and *Kapha*, formation of *Āma*, and progressive weakening of the *Dhātus*. Once vitiated *Doṣhas*, *Āma*, and corrupted *Rakta* enter *Tvak*, *Māṃsa*, and their respective channels, characteristic symptoms emerge, eventually manifesting as chronic, recurrent skin disorders akin to psoriasis.

Ultimately, the integrated understanding of *Agni*, *Nidāna*, and *Samprapti* emphasises that effective management depends not only on therapeutic intervention but on breaking the pathological cycle at its origin. Addressing causative factors, restoring digestive-metabolic balance, and preventing recurrence through dietary regulation and lifestyle correction remain the cornerstone of long-term disease control in Kushtha and related dermatoses.

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