

REVIEW ARTICLE

A Review on Ayurvedic Approaches in the Management of Skin Diseases

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ABSTRACT

The largest organ and covering the whole surface of the body is the skin. It shields the body from a variety of outside threats by functioning as a chemical barrier. According to Ayurveda, the main causes of skin disorders include prolonged food consumption during indigestion, the usage of *Viruddha Ahara* and restrictive dietary habits, such as consuming too much sour, salty, curd, fish, etc. Skin, *Rakta* (blood), *Mamsa* (muscles), and *Ambu* (lymphatic tissue) tissues are all impacted by these contributing variables, which also vitiate the *Tridosha* (*Vata*, *Pitta*, and *Kapha*). These seven elements are harmful components of skin conditions. The idea of dermatology is thoroughly covered in Ayurveda. The *Kushtha Roga* chapter describes skin ailments. The properties of *Raktashodana*, *Raktaprasadhak*, *Rakta Shamana*, *Vishagna*, *Krimighna*, *Kandughna*, and *Rasayana* are present in the medications used to treat skin conditions. Pharmacologically, these medications are classified as antifungal, antiviral, antibacterial, and cosmetic medicines that are used to treat skin infections as well as to enhance skin appearance. It is found that Ayurvedic writings mention a significant number of herbal and compound medications for skin care and the treatment of skin conditions. The majority of dosage forms, such as *Churna*, *Kwatha*, *Vati*, *Rasashaushadhies*, *Ghruta*, *Rasayana*, *Bhasma*, and others, are taken internally to treat skin conditions. The current analysis evaluates how internal Ayurvedic medications can treat skin conditions.

1. INTRODUCTION

With a surface area of between 1.4 and 2 M², the skin is the biggest organ in the body. The skin shields the body from dangerous substances like UV rays, chemicals, and airborne pathogens.^[1] Additionally, skin stores water, fat, and vitamin D, controls body temperature, collects sensory information from the surroundings, and aids in the immune system's defence against illness.^[2] *Ahara* (dietetics), *vihara* (lifestyle), and *oushadha* (medication and therapies) are used wisely and logically in Ayurvedic medicine to prevent disease (*swasthavritta*) and cure those that have already appeared. *Samshamana* (palliation), *dosha sodhana* (bio cleansing treatments), *nidana parivarjana* (avoiding causative variables), and *pathya* (dietetics suitable for disease pacification) are the four steps of rational Ayurvedic therapy.^[3] A person's daily routine or lifestyle plays an equally significant role in determining their susceptibility to illness. Personal hygiene, including diet and routine during

daily routine (*Dinacharya*), seasonal routine (*Ritucharya*), and behavioral and ethical principles (*Sadvritta*), can be described in detail. Positive health also depends on adhering to certain guidelines on suppressible and non-suppressible impulses. An outline of the Ayurvedic idea of dermatology is provided here, along with a discussion of the screening of internal Ayurvedic remedies for the treatment of skin conditions.

2. PREVALENCE RATE^[4]

Global burden: Skin conditions contribute significantly to morbidity and are a major global public health concern. According to the Global Burden of Disease Study, skin diseases – particularly dermatitis, acne, and psoriasis – account for a sizable portion of years lived with disability worldwide.

India's context: About 20% to 30% of Indians suffer from skin illnesses; prominent ailments include psoriasis, eczema, acne, and skin cancer. Inadequate access to healthcare, cultural stigmas, and environmental pollution all contribute to the prevalence of skin illnesses in India.

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3. MODERN CONCEPT OF DERMATOLOGY

Millions of individuals worldwide suffer from skin illnesses, which make up a sizable share of all diseases. With a vast array of diagnostic, therapeutic, and cosmetic tools, dermatology is the medical speciality that studies over 4,000 diseases of the skin and cutaneous adnexae. It accounts for 15–30% of outpatient medical care in health systems. Because skin illnesses are mostly visual in nature, humans have been aware of them from the beginning of time. The first methods of wound care, skin cleansing, and the application of therapeutic plants originate from Egyptian papyrus. Physical examination and clinical reasoning are established as the cornerstones of medical diagnosis from the postulates of Hippocrates, the father of medicine. For centuries, the Romans, Arabs, and Byzantines safeguarded and advanced medicine, particularly in the context of the Renaissance and Illuminism.^[5] Skin-related illnesses, which range from malignant to noncancerous conditions brought on by infection, inflammation, and autoimmune disorders, are among the most prevalent in the human population since the skin is the largest organ in the body. Because humans are exposed to different elements on different continents, the prevalence of skin diseases differs. Each of these various skin conditions has a unique diagnosis, course of therapy, and social trauma component.^[6] It is challenging to compare the impact of skin diseases on quality of life to that of chronic non-dermatological diseases; however, Mallon and others' (1999) study, which was not conducted in a developing nation, compares the common skin disease acne with chronic disorders like asthma, diabetes, and arthritis and finds similar deficits in objective measures of life quality. Although the use of antiretroviral therapy greatly improves quality of life, HIV-related skin diseases, which may make up a significant portion of the skin disease burden in developing nations, especially in Sub-Saharan Africa, have a similar impact on life quality as non-HIV-related skin problems (Mirmirani and others 2002). These results suggest that skin conditions significantly affect one's quality of life. People's requirements for efficient treatments for skin problems should be satisfied for several significant reasons, even though fatality rates are typically lower than for other conditions.

- First, it is not feasible to ignore skin disorders since they are so prevalent and patients appear in primary care settings in such huge numbers. Children are more likely to be impacted, which increases the burden of illness within a population that is already at risk.
- Second, the decline in quality of life and disfigurement, disability, or symptoms like uncontrollable itching is key indicators of morbidity. For example, lymphatic filariasis can cause significant morbidity from secondary cellulitis, which can result in progressive limb growth and subsequent immobility that exacerbates social isolation.
- Third, the acceptance of medicines is limited by the substantial financial burden to families of treating even minor skin issues. Families typically have to pay for these charges out of a tight budget, which limits their ability to buy necessities like food (Hay and others 1994).
- Fourth, screening the skin for symptoms of disease is a crucial technique for a variety of disorders, including leprosy, but primary care providers frequently lack a basic understanding of the simple aspects of diseases whose presenting signs occur in the skin.^[7]

4. AYURVEDIC CONCEPT OF DERMATOLOGY

The term “*Kushtha*” in Ayurveda refers to skin conditions that have a complex aetiology. According to Ayurveda, the primary causes of skin

disorders include prolonged food consumption during indigestion, the usage of *Viruddha Ahara* (food-food interactions, food processing interactions), and restrictive dietary habits, such as consuming too much sour, salty, curd, fish, etc. These contributing variables impact the body's *Twak* (skin), *Rakta* (blood), *Mamsa* (muscles), and *Ambu* (lymphatic tissues) and vitiate *Tridosha* (Vata, Pitta, Kapha). These seven substances are harmful to skin conditions.^[8,9] Numerous presentations are seen, and these skin conditions can take many different forms. Brihatryi describes 166 skin conditions. They can be recognized and given names based on Dosha's involvement. *Kushtha* is one of the most persistent ailments, according to Ayurveda.^[10] Most Ayurvedic books categorise the *Kushtha Roga* into two groups: *Kshudrakushtha* (small group of skin disorders) and *Mahakushtha* (major group of skin diseases), which are further divided into seven and eleven kinds, respectively. According to Ayurveda, the *Sapta Dravya* (seven factors) – *Vata*, *Pitta*, *Kapha*, *Tvacha*, *Rakta Mansa*, and *Ambu/Lasika* – are responsible for a wide range of dermatological conditions. The Ayurvedic medical system established the psychosomatic approach to treating dermatological conditions, which incorporates both pharmaceutical and non-pharmacological treatments.^[11,12]

- *Kapala* – The skin resembling a brown-colored piece of a pot shard; rough, coarse and thin; painful and intractable.
- *Audumbara* – Pain, burning sensation, redness, and itching hair and nodules developing resembling the fruit of *udumbara* (*Ficus infectoria*).
- *Mandala* – Skin is white or red in color, tight, thickened, and smooth with round elevated patches joined to one another.
- *Rushyajivha* – Skin is very rough, red in color outside and black inside, painful and resembling the tongue of black deer.
- *Pundarika* – Skin white in the center and red at the edges similar to the petals of the lotus flower with reddish elevated patches.
- *Sidhma* – Skin white or coppery red in color, thin, scales coming on scratching, more common on the chest, resembling the flower of pitcher gourd.
- *Kakanaka* – Color of *Gunja* (*Abrus precatorius*), undergoing pus formation, very painful and caused by all three Doshas and which does not respond to treatment.
- *Ekakushtha* – Absence of perspiration, large skin area resembling as scales of fish.
- *Charmakhya* (Xeroderma) – The skin becoming thick like an elephant skin.
- *Kitibha* (psoriasis) – Spots that are dark (black), hard and rough in touch.
- *Vipadika* (skin cracks) – Hands and feet cracking and forming painful fissures.
- *Alasaka* (cracks) – Developing red color nodules with itching.
- *Dadru* (ringworm) – Raised patches studded with small, itching, reddish papules.
- *Charmadala* (impetigo) – Skin studded with red, intolerable pain, and itching nodules.
- *Pama* (scabies) – Small, plenteous, exudating pustules with itching and burning sensation. The same symptoms of Pama if appear on the hands and the buttocks with severe pain and itching are called *Kacchu*.
- *Visphotaka* – Thin skin with boils, black or blackish red in color.
- *Shataru* (erythema) – Innumerable small ulcers, red or blue in color with severe burning sensation and pain.
- *Vicharchika* (eczema) – Nodules which have itching, black color and copious exudation. Although most of skin diseases are described under the *Kushtha* (skin diseases) and *Kshudraroga* (minor group of diseases) but description of some other skin

diseases is also described under headings of *Bahaya Visarpa*, *Vidradhi*, *Shotha*, *Nanatmaja Vyadhi*, *Shukaroga*, *Granthi*, *Arbuda*, *Upadansh* and *Shilipada*. Allergic conditions which are not included in any of these are described as *Udarda- Kotha- Uattkotha*.^[13-15]

- Dermatological complications of diabetes mellitus are described as *Prameha Pidika*.^[16]

5. MANAGEMENT OF SKIN DISEASES

Skin conditions are effectively treated in Ayurveda by both external and internal medication. For the treatment of skin conditions, numerous single medications and a range of compound formulations are widely utilized. The properties of *Raktashodana*, *Raktaprasadhak*, *Rakta Shamana*, *Vishagna*, *Krimighna*, *Kandughna*, and *Rasayana* are present in the medications used to treat skin conditions. Herbal remedies that are commonly utilised include *Haridra*, *Raktachandana*, *Nimba*, *Manjishtha*, *Aragvadh*, *Daruharidra*, *Guduchi*, and many other compound compositions.^[17-19] Pharmacologically, these medications are classified as antifungal, antiviral, antibacterial, and cosmetic medicines that are used to treat skin infections and enhance skin appearance.^[19]

- *Taila* and *Lepa Kalpana* are often employed for external applications. Skin conditions are treated with a range of inside medications. *Rasaushadhies*, or herbo-mineral remedies, include *Rasakarpura*, *Talakeshwar Rasa*, *Gandhak Rasayana*, and others. These medicines have been shown to be antimicrobial and antifungal when used to treat skin conditions.
- Skin diseases should be treated with ghee, bloodletting and emesis, respectively.
- *Vataja* (due to vitiation of *Vata dosha*) – Drinking of ghee
- *Pittaja* (due to vitiation of *Pitta dosha*) – *Virechana* (purgative therapy) first, and then *Raktamokshana* (blood-letting)
- *Kaphaja* (due to vitiation of *Kapha dosha*) – *Vamana* (emesis therapy).

5.1. Internal Medicines

- Some single recommended herbs by Ayurveda for skin diseases are – *Khadira*, *Apamarga*, *Chakramarda*, *Bakuchi*, *Chitraka*, *Haridra*, *Nimba*, *Kutaki*, etc.
- Compound drugs like *Kushthanashana Rasa*, *Taleshwar Rasa*, *Arogyavardhini Rasa*, *Mahamanjishthadi kadha*, *Tuvaraka Taila* etc., can be used.

6. DISCUSSION

One of the most prevalent conditions in clinical practice, skin diseases are characterised by their chronicity, recurrence, and substantial impact on quality of life. In addition to lifestyle and dietary aspects, Ayurveda emphasises the significance of *Dosha*, *Dhatu*, *Mala*, and *Agni* in the holistic description of skin problems. Because *Pitta Dosha* is associated with *Rakta* and *Twacha*, it plays a significant role in the development of skin illnesses. *Rakta Dhatu* vitiation and impeded *Agni* cause *Ama* to build up, which then shows up as a variety of dermatological problems. The intensity and depth of tissue involvement are reflected in the traditional division of *Kushta* into *Maha Kushta* and *Kshudra Kushta*, which also directs the course of treatment. Particularly in chronic and recurrent situations, *Shodhana* therapies such as *Vamana*, *Virechana*, *Raktamokshana*, and *Basti* play a pivotal role, especially in chronic and recurrent cases. These procedures help in eliminating vitiated *Doshas*, purifying *Rakta*, and restoring systemic balance.

Among these, *Virechana* and *Raktamokshana* have been found particularly effective in *Pitta*- and *Rakta*-dominant skin disorders. Using herbal remedies like *Khadirarishta*, *Mahamanjishthadi Kwatha*, *Gandhak Rasayana*, and *Arogyavardhini Vati*, *Shamana Chikitsa* has demonstrated encouraging outcomes in treating symptoms including inflammation, scaling, discolouration, and itching. *Lepa*, *Taila*, and *Parisheka* are examples of external therapies that improve therapy results by acting locally. Using medicinal oils and pastes promotes skin healing while lowering dryness, irritation, and microbial load. Ayurveda places a strong emphasis on *Pathya-Apathya* since poor nutrition and lifestyle choices are seen to be key exacerbating factors. Long-term remission requires avoiding excessively spicy or fermented foods, inconsistent habits, and incompatible foods (*Viruddha Ahara*). Ayurvedic treatment offers a multifaceted strategy that not only heals the illness but also avoids recurrence and enhances general health by combining food control, lifestyle adjustment, *Panchakarma*, and *Rasayana* therapy.

7. CONCLUSION

It is found that Ayurvedic texts mention a significant number of herbal and compound medications for skin care and the treatment of skin conditions. The majority of dosage forms, such as *Churna*, *Kwatha*, *Vati*, *Rasashaushadhies*, *Ghruta*, *Rasayana*, *Bhasma*, and others, are taken internally to treat skin conditions.

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9. AUTHOR CONTRIBUTION

All authors give equal contribution in making of this manuscript.

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11. ETHICAL STATEMENT

Ethical approval was not required for this study as it was a review article with data obtained through a literature search.

12. CONFLICTS OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

13. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

14. PUBLISHERS NOTE

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