

A CONCEPTUAL STUDY ON *KSHUDRA ROGA* WITH SPECIAL REFERENCE TO  
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**ABSTRACT**

Ayurvedic Samhitas describe numerous diseases, among which *Kshudra Roga* constitutes a distinct category. *Acharya Sushruta* in *Sushruta Samhita* described about 44 *Kshudra roga*. In this article *Sushrutokta kshudrarogas* were more focused with respect to modern Dermatology. Today, skin diseases remain challenging because modern treatments have limitations and these conditions are frequently dismissed as minor compared to other diseases. This study aims to focus on *Kshudra Rogas*, which includes several disorders that impact an individual's external beauty. Some of the diseases of *kshudra roga* mentioned in ancient ayurvedic classics are skin disease of present era like *Palitya* (premature greying of hairs), *yuwanpidika* (acne vulgaris), *Darunaka*(dandruff), *vyanga*(melasma), *Kaksha*(Herpeszoster), *Padadari*(Plantar eczema) etc., along with their contemporary correlations is enumerated in this article.

**KEYWORDS:** Ayurveda, *Sushruta Samhita*, *Kshudra roga*, Dermatology, Comparative Study.**INTRODUCTION**

The term *Kshudra Roga* is derived from two Sanskrit words: *Kshudra*, meaning minor, small, or insignificant, and *Roga*, meaning disease. Thus, *Kshudra Rogas* denote minor ailments of relatively lesser severity. According to *Gayadas*, these conditions are classified as minor owing to the mild nature of their etiology, clinical features, and therapeutic requirements. *Acharya Sushruta* has explained 44 *Kshudra rogas* with its *nidana*, *Samprapti* and *Lakshanas* in brief. So, in this study it is tried to correlate *Kshudraroga* with conditions as in contemporary science based on its clinical manifestations. Also, this effort is very helpful in understanding the *Kshudra Roga* with their prognosis.<sup>[1]</sup>

To develop more effective treatment strategies for patients, emphasis must be placed on Ayurvedic classical texts, which can facilitate meaningful advancements in managing the challenging dermatological conditions of the present era.

**AIM AND OBJECTIVES**

1. To analyse *Kshudra Roga* according to their site of occurrence and prognosis.
2. To evaluate the relevance of Ayurvedic classical descriptions of *Kshudra Roga* in the context of modern dermatology.

**MATERIALS AND METHODS**

Ancient ayurvedic classics, *Sushrut Samhita*, *Astanga Hridaya*. *Astanga Sangraha*, *Madhav nidana*. *Vangsen Samhita*, *Yogratnakar Samhita* were referred. The commentaries of the above said Samhitas and internet were also studied for this article.

**1) Vyanga (Melasma)**

Simultaneous vitiation of *Vata* and *Pitta* due to emotional factors like grief and anger leads to thin, circular, painless, blue or black patches on the face. The features vary with Dosha dominance: *Vataja* - rough, coarse, bluish; *Pittaja* - coppery edges with deep blue discoloration; *Kaphaja* - whitish borders with itching; *Raktaja* - red, with burning and tingling sensations.<sup>[2]</sup>



क्रोधयासप्रकुपितो वायुः पित्तेन संयुतः  
मुखमागत्य सहसा मण्डलं विसृजत्यतः ॥ नीरुजं  
तनुकं श्यावं मुखे व्यङ्गं तमादिशेत् ॥  
मा.नि.55/40

### ➤ Melasma

This is hormonally induced pigmentation, which occurs in about 70% of pregnant women. Pigmentation is generally symmetrical and has clearly defined edges. It appears on sun exposed areas of face (I.e. Forehead, temples, cheeks, nose, upper lip and chin) and sometimes

on neck and arms. (But, generally in central third of the face i.e., on the bridge of the nose and cheeks) like a butterfly pattern/mask.<sup>[3]</sup>

### 2) Nilika (Macular amyloidosis)

In which a black patch appeared on the body or face.<sup>[4]</sup>



नीरुजं तनुकं श्यावं मुखे व्यङ्गं तमादिशेत् ।  
कृष्णमेवङ्गुणं गात्रे मुखे वा नीलिकां विदुः ॥  
सु.नि.13/47

### ➤ Macular amyloidosis

Macular amyloidosis is one of three forms of primary localised cutaneous amyloidosis. A proteinaceous material amyloid is deposited harmlessly in the skin, causing hyperpigmented patches.<sup>[5]</sup>

### 3) Palitya (Premature greying of hairs)

Anger increases the *Ushma* or heat in the body, which rises to the scalp along with aggravated *Pitta*. Both factors vitiate the hair follicles, resulting in premature greying of hair.<sup>[6]</sup>



क्रोधशोकश्रमकृतः शरीरोष्मा शिरोगतः ।  
पित्तं च केशान् पचति पलितं तेन जायते ॥  
सु.नि.13/37

### ➤ Premature greying of hair

Premature greying has a genetic basis. It is occasionally seen as an isolated autosomal dominant condition. There is a strong correlation between certain organs specifically auto immune diseases and Premature greying.<sup>[7]</sup>



### 4) Indralupta (Alopecia Areata)

*Pitta*, in combination with *Vata*, enters the pores of the hair follicles and causes hair fall. Subsequently, *Kapha* along with *Rakta* obstructs the openings of these follicles, thereby preventing further hair growth.<sup>[8]</sup>

'रोमकुपानुगं पित्तं वातेन सह मूर्च्छितम्।  
प्रच्यावयति रोमाणि ततः श्लेष्मा सशोणितः ॥  
रुणद्धि रोमकुपांस्तु ततो न्येषामसंभवः।  
तदिन्द्रलुप्तं खालित्यं रुह्यति च विभाव्यते।'  
सु.नि.13/33,34

### ➤ Alopecia areata

This is an autoimmune disorder. In this, body's own defense mechanism acts against hair bulbs and matrix cells, leading to suppression. The cells stop multiplying, but they are not dead. The Salient feature is circumscribed, shiny skin patch surrounded by hair (i.e., a tiny, coin sized bald patch).<sup>[9]</sup>



### 5) Darunaka (P. Sicca)

Due to the aggravation of *Kapha* and *Vata*, the scalp becomes hard, dry, fissured, and associated with itching.<sup>[10]</sup>

दारुणा कण्डुरा रूक्षा केशभूमिः प्रपात्यते। कफमारुतकोपेन  
विद्यादारुणकं तु तम् ॥  
सु.नि.13/35

### ➤ P. sicca

*P. sicca* is caused due to scalp dryness or greasiness and produces white flakes of dead skin that appear in the hair or on the shoulders. It is a cosmetic affliction of adolescence and adult life.<sup>[11]</sup>



### 6) Arunshika (Seborrhoeic dermatitis)

Due to vitiation of *Kapha* and *Rakta*, along with the involvement of *Krimi*/microbes, excessively moist lesions with multiple openings develop on the scalp, associated with profuse discharge.<sup>[12]</sup>

अरूंषि बहुवक्त्राणि बहुक्लेदीनि मूर्ध्नि तु।  
कफासृक्कमिकोपेन नृणां विद्यादरूंषिकाम् ॥  
सु.नि.13/36

### ➤ Seborrhoeic dermatitis

Seborrhoeic dermatitis is a common, chronic or relapsing form of eczema/dermatitis that mainly affects the sebaceous gland-rich regions of the scalp, face, and trunk. There are infantile and adult forms of seborrhoeic dermatitis.

This benign inflammatory condition is sometimes associated with psoriasis and is known as Sebo



psoriasis. Seborrhoeic dermatitis is also known as seborrhoeic eczema.<sup>[13]</sup>

### 7) Yuvana Pidaka (Acne Vulgaris)

Yuvana Pidaka, also known as Mukhadushika, manifests as thorn-like eruptions resembling the spines of the Shalmali (Shorea robusta) tree. These appear on the face of young individuals due to the vitiation of Rakta, Vata, and Kapha.<sup>[14]</sup>

शाल्मलीकण्टकप्रख्याः कफमारुतरक्तजाः।

युवानपिडका यूनां विज्ञेया मुखदूषिकाः ॥

सु.नि.13/39

### Acne Vulgaris

This is a disease of Pilo sebaceous units.<sup>4</sup> Pathogenic Factors are

Increased sebum production,  
Follicular hyperkeratinisation,  
Microbial colonization of PSU by P. acnes &

Release of inflammatory mediators into the follicle and surrounding the dermis.<sup>[15]</sup>

### 8) Kunakha (Onychomycosis)

In which the nail becomes black, course and rough due to injury.<sup>[16]</sup>



तदेवाक्षतरोगाख्यं तथोपनखमित्यपि

अभिघातात् प्रदुष्टो यो नखो रूक्षोऽसितः खरः ।

भवेत्तं कुनखं विद्यात् कुलीनमिति सञ्ज्ञितम् ॥

सु.नि.13/22-23

### ➤ Onychomycosis

Fungal infection of the nail, also known as onychomycosis, compromises over 50% of all nail disease with an estimated prevalence of 5.5%. They can affect the toenails, fingernails, or both.

Fungal nail infections are also known as tinea unguium in the case of dermatophyte infections.<sup>[17]</sup>

### 9) Cippa/Aksata/Upnakha (Paronychia)

When Pitta along with Vata gets vitiated and localizes in the nail and nail bed, it produces pain, burning sensation, and suppuration.<sup>[18]</sup>



नखमांसमधिष्ठाय वायुः पित्तः च देहिनाम्।  
कुर्वते दाहपाकौ च तं व्याधिं चिप्पमादिशेत् ॥

सु.नि.13/21

#### ➤ Paronychia

Paronychia is inflammation of the skin around a finger or toenail. It can be acute (< 6 weeks) or chronic (persisting > 6 weeks). Paronychia is also called whitlow. It may be associated with felon.<sup>[19]</sup>

#### 10) Padadari or Vipadika (Palmer psoriasis)

Due to excessive walking, aggravated *Vata* Dosha accumulates in the plantar region, leading to excessive dryness of the feet with the formation of painful cracks.<sup>[20]</sup>



परिक्रमणशीलस्य वायुरत्यर्थरूक्षयोः ।  
पादयोः कुरुते दारीं पाददारीं तमादिशेत् ॥

सु.नि.13/29

#### ➤ Palmer psoriasis

Palms and soles affected by psoriasis tend to be partially or completely red, dry and thickened, often with deep painful cracks (fissures). The skin changes tend to have a sharp border and are often symmetrical, ie similar distribution on both palms and/or both soles.<sup>[21]</sup>

#### 11) Alasaka (Candidal intertrigo)

Due to continuous contact with contaminated mud, the interdigital spaces of the feet become moist and are associated with itching, burning sensation, and pain.<sup>[22]</sup>



क्लिन्नांगुल्यन्तरौ पादौ कण्डूदाहरुजान्वितौ।  
दुष्टकर्मसंस्पर्शादलसं तं विभावयेत् ॥

सु.नि.13/32

➤ **Candidal intertrigo**

Candidal intertrigo refers to superficial skin fold infection caused by the yeast, candida. The hot and damp environment of skin folds, which is conducive to the growth of candida species, particularly *Candida albicans*, Increased skin friction, Immunocompromise.<sup>[23]</sup>



12) **Mashaka(mole)**

Aggravated *Vata* produces hard, painless, blackish, elevated eruptions on the body, resembling the *Masha* pulse in shape and size.<sup>[24]</sup>

'अवेदनं स्थिरं चैव यस्मिन् गात्रे प्रदृश्यते ।  
माषवत्कृष्णामुत्सन्नमनिलान्मषकं तु तत् ॥'  
सु.नि.13/42

➤ **Mole**

A melanocytic naevus or mole, is a common benign skin lesion due to a local proliferation of pigment cells (melanocytes).<sup>[25]</sup>



13) **Kaksha (Herpes zoster)**

Due to vitiation of *Pitta*, black-colored blisters appear on the arm, lateral chest wall, shoulder, and axilla, accompanied by pain.<sup>[26]</sup>

कक्षौ पिटिकाः कृष्णाः साविण्यो दाहपीडिताः ।  
पित्तरक्तोल्बणाः प्रोक्ताः कक्षेत्यभिहिता बुधैः ॥  
सु.नि.13/39

➤ **Herpes zoster**

Herpes zoster is a localised, blistering and painful rash caused by reactivation of varicella-zoster virus (VZV). Herpes zoster is also called shingles. VZV is also called herpesvirus 3 and is a member of the Herpesvirales order of double-stranded DNA viruses.<sup>[27]</sup>



14) **Visphota (Bullous pemphigoid)**

Due to vitiation of *Pitta* and *Rakta*, vesicular eruptions resembling burns caused by fire cauterity appear either locally or all over the body, associated with fever and intense pain.<sup>[28]</sup>

अग्नि दग्ध निभाः स्फोटाः स ज्वरा रक्त पित्तजाः ।  
कचित् सर्वत्र वा देहे विस्फोट इति ते स्मृताः ॥  
सु.नि.13/14-15

### ➤ Bullous pemphigoid

Bullous pemphigoid is the most common autoimmune dermatosis presenting with crops of tense pruritic blisters, often in older adults. Mucosal involvement may occur and a number of clinical subtypes exist. Autoantibodies are directed to components of the basement membrane, particularly the BP antigens BP180 and BP230.<sup>[29]</sup>



### ➤ Corns and calluses

Corns and calluses are common skin lesions in which there is a localised area of hard, thickened skin.

\* A corn (clavus, heloma) is inflamed and painful.

\* A 'soft corn' (heloma molle) is a corn where the surface skin is damp and peeling, for example between toes that are squashed together.

\* A callus (tyloma) is painless.<sup>[31]</sup>

### DISCUSSION

*Kshudra Roga*, described in Ayurvedic classics as minor diseases, exhibit the following characteristics:

1. Absence of *Doshaja* classification: They lack *Sankhya Samprapti* and do not show variation in number based on Dosha predominance.
2. Mild etiology: The causative factors are of low intensity.
3. Mild symptomatology: Clinical features are predominantly local and of lesser magnitude.
4. Short treatment duration: They generally require short-term management.
5. Consistent textual reference: Almost all Ayurvedic texts across different time periods have described *Kshudra Roga*, though with varying degrees of elaboration.
6. Prognostic exception: Although considered minor, certain *Kshudra Roga* like *Agnirohini* and *Valmika* are incurable in nature.

### Hetu

In *Kshudra Roga*, two types of etiological factors are observed: external (*Bahya Hetu*) and internal (*Abhyantara Hetu*). Most *Kshudra Roga* do not have specific internal causative factors described. However, certain diseases have clearly mentioned external Hetu; for example, *Atichankramana* is cited as the cause of *Padadari*, and *Abhighata* is mentioned as the cause of *Kunakha*.

### 15) Kadara (Corn/Calluses)

When the feet are repeatedly traumatized by gravel, thorns, etc., the vitiated Dosha, along with *Meda* and *Rakta*, produce *Kadara* in humans. These lesions possess a central core, are hard and nodular, depressed or elevated at the center, approximately the size of a plum seed, painful, and have a discharge.<sup>[30]</sup>

पादयोः कण्टकैरिव तुद्यमानस्य जायते ।

ग्रन्थिः कोलास्थिमात्रस्तु कदरः स निगद्यते ॥

सु.नि.13/28

### Lakshan

Being minor in nature, *Kshudra Roga* present with very few and superficial *Lakshana*, primarily affecting the superficial tissues of the body, i.e., the skin.

### Samprapti

In most *Kshudra Roga*, the *Dushya* involved are *Rasa* and *Rakta Dhatu*, while a few conditions also show *Mamsa* and *Meda Dushiti*. Consequently, *Dosha-Dushya Samurchana* occurs at the level of *Rasa*, *Rakta* and *Mamsa*. As a result, the *Lakshana* manifested correspond to *Rasa Dushti*, *Rakta Dushti*, and *Mamsa Dushti*.

### CONCLUSIONS

*Kshudra Roga* do not exhibit *Dosha* wise subtypes. While internal etiological factors are not elaborated, external causative factors are described specifically. Several conditions under *Kshudra Roga*, such as *Vyanga*, *Mashak* etc, adversely affect the aesthetic appearance of an individual and thus require a cosmetological approach for management. Poor personal hygiene is a primary cause of certain diseases like *Alasaka*, highlighting the importance of health awareness. *Rakta Dushti* is observed in most *Kshudra Rogas* like *Kaksha*, *Yuvana pidika*; etc hence, maintaining *Vishuddha Rakta* is essential for their prevention. Although many of these conditions do not cause significant pain or discomfort, one should avoid unnecessary medicinal experimentation and delay in treatment, especially when *Shastra Karma* is indicated. i.e. *Mashaka*.

### REFERENCES

1. Acharya Yadavji Trikamji. Sushruta Samhita of Sushruta with Nibandhasangraha commentary Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya on Chikitsasthana, Varanasi: Chowkhamba Sanskrit Samsthan. Reprint, 2008, 0318.

2. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/45-46.
3. Vd.Kirti Mandar Deo, Clinical Cosmetology in Ayurveda, Skin Pigmentation disorders, Ayurved Vyaspeeth Publication, Nashik, 2026; 172.
4. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/47.
5. <https://dermnetnz.org/topics/macular-amyloidosis>.
6. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/37.
7. Vd.Kirti Mandar Deo, Clinical Cosmetology in Ayurveda, Un-natural hair color, Ayurved Vyaspeeth Publication, Nashik, 2026; 79.
8. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/33-34.
9. Vd.Kirti Mandar Deo, Clinical Cosmetology in Ayurveda, Hair thinning and Hair loss, Ayurved Vyaspeeth Publication, Nashik, 2026; 52.
10. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/35.
11. Vd.Kirti Mandar Deo, Clinical Cosmetology in Ayurveda, Factors affecting hair growth, Ayurved Vyaspeeth Publication, Nashik, 2026; 38.
12. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/36.
13. <https://dermnetnz.org/topics/seborrheic-dermatitis>
14. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/39.
15. Vd.Kirti Mandar Deo, Clinical Cosmetology in Ayurveda, Acne-Tarunya Pitika, Ayurved Vyaspeeth Publication, Nashik, 2026; 154.
16. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/22-23.
17. <https://dermnetnz.org/topics/fungal-nail-infections>
18. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/21.
19. <https://dermnetnz.org/topics/paronychia>
20. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/29.
21. <https://dermnetnz.org/topics/psoriasis-of-the-palms-and-soles>.
22. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/32.
23. <https://dermnetnz.org/topics/candidiasis-of-skin-folds>.
24. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/42.
25. <https://dermnetnz.org/topics/melanocytic-naevus>
26. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/39.
27. <https://dermnetnz.org/topics/herpes-zoster>
28. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/14-15.
29. <https://dermnetnz.org/topics/bullous-pemphigoid>
30. Sushruta, Sushruta Samhita, Edited by K.R Srikant Murthy, English Commentary, Nidana Sthana, Kshudra roga Nidana Adhyaya, Chaukhamba Orientalia, Varanasi, 2017; 1, 544: 13/28.
31. <https://dermnetnz.org/topics/corn-callus>