

A COMPARATIVE STUDY OF MAHAKUSTHA WITH MODERN SCIENCE

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ABSTRACT

Objective: Skin is the largest protective organ of body between external and internal environment. The various causes of skin diseases are consumption of unhealthy food or lifestyle modification or due to stress, skin disease are increasing day to day. **Methods:** Based on the symptom of various *Kustharoga* mainly *mahakustha* a comparative study is done with the skin disease of modern science. **Result:** A wide range of similarity was found between the 7 types of *kustha* and with the various dermatological disorders as such *kapalakustha* with scleroderma; *rishyajivha* with Lichen Planus and the other are also compared as such. **Conclusion:** A concise differential diagnosis and identification of these disorders are actually difficult for a non dermatologist because he or she is not well versed in recognition of cutaneous lesions or their spectrum of presentation. Thus in the present study an attempt has been made to compare the various *mahakustha* mentioned in *Ayurveda* with its nearest possible modern counterpart and to elaborate it for better understanding.

Keywords: *Mahakustha, Skin disorder, Ayurveda*

INTRODUCTION

Skin is the largest protective organ of the body between external environment and internal environment. It is a mirror that reflects physiological, pathological, metabolic condition of the body and help in diagnosis of disease. In *Ayurveda* *twacha* is the first line of defence of the body. In *Ayurveda* the disease which manifest in the seven layers of *twacha* are considered as *twakaroga* which involve *twaka, rakta, mamsa, lasika*. *Ayurvedic*

classification i.e. *mahakustha, khudrakustha, khudraroga* are all included in obstinate skin diseases in modern science. A total of 18 *kustharoga* has been mentioned in our *brihatrayee* of which 7 are *mahakustha* and 11 are *kshudrakustha*. All the *kusthas* have some specific mark of identification and for a non-dermatologist it becomes almost impossible for the proper diagnosis. So in this paper an attempt has been made to find out the specific

character found in that particular *Mahakustha* and also a co-relation has been made with the modern counterpart for easy understanding.

The description of the 7 types of *Mahakustha* is as follows-

i) **Kapala Kustha:**

The patches in the skin look like black and reddish pieces of *kapala* which are ununctuous rough and thick to touch and are associated with excessive pain.¹ It can be compared to **scleroderma**, the first specific clinical symptoms to suggest a diagnosis of scleroderma is skin thickening that begins as swelling or puffiness. Later the skin becomes hard, shiny and leathery and hardens like a stone.²

ii) **Audumbara Kustha:**

These types of *Kustha* is associated with burning sensation, itching, pain and redness all around and the hair on the patches become brown in colour and looks like the fruit of *udumbara*³. This can be compared with **boil/furuncle**. Usually associated with red follicular nodules which become necrotic and discharge their central core also associated with pain & itching.⁴

iii) **Mandala Kustha:**

They are red & white in colour. It is stable, compact, unctuous and circular in shape with elevated patches, difficult to cure and the patches are mated with each other⁵. This *Mandala Kustha* can be compared with **Psoriasis**, in psoriasis also there are deep pink to red colour erythematous elevated patches and often surrounded by hypo pigmented halo. Lesions are surmounted with loose, lamellar, silvery white scales.⁶

iv) **Risyayivha:**

It is rough, red in edges and brown inside and it is painful which resemble the tongue of a

rsya (a type of antelope)⁷. It can be compared with **Lichen Planus**, which are very itchy, violaceous, shiny, flat topped, polygonal papules of variables sizes.⁸

v) **Pundarika:**

It is white in colour with red edges, it resemble the leaf of lotus, elevated and accompanied with burning sensation⁹. May be compared with **Urticaria**, where itching is prominent in superficial wheals, lesions begin as erythematous macule while rapidly evolve into pale pink oedematous wheals with a surrounding flare.¹⁰

vi) **Siddhma:**

Usually *siddhma Kustha* is white and coppery in colour, thin, when rubbed emits small particles of the skin in from of dust resembling the flowers of *alabu*¹¹. This can be compared to **Pityriasis Versicolor** which are hypo pigmented, scaly perifollicular macules, lesions appear to be sitting on the skin surmounted with branny scale which can be accentuated by scratching lesions gently.¹²

vii) **Kakana:**

It is red in colour like seeds of *gunja* and it is very painful and does not get suppured, all three *dosas* get vitiated and is incurable¹³. This can be compared c **Squamous cell carcinoma** having ulcer with everted edges or ulcer with red granular floor. Induration & fixity to underlying tissue.¹⁴

DISCUSSION

KapalaKustha caused by the predominance of *vatadosha* and thus characterised by *arunavarna*, *ruksha* (rough), *parusha* (thick) to touch and becomes like pieces of *kapala* (pot). *Kapala* is better compared with scleroderma which has the symptoms similar like hard, shiny and hard like a stone.

Udumbara Kustha is having *pitta* predominance characterised by *daha* burning sensation, *ruja* (pain) and the change in colour of the hairs so being compared with furuncle which is associated with pain and itching along with red follicular nodules which comes out of hair follicle. *Mandala Kustha* compared with psoriasis for both have pale red to red colour erythematous elevated patches usually *Mandala kustha* is dominated with *Kaphadoshas* and thus are *snigdha*, *sthira*. The roughness of *risyajivha* is attributed to *vata* and (red edges) *arunavarna* and *ruja* (pain) is attributed to *pitta dosha*, this can be better compared with lichen planus for having a violaceous shiny, itchy skin. The reddish white patches are the clinical manifestation of *Pundarika*. The burning sensation along with

redness is due to *pittadosha* with similar features found in urticaria with erythematous macule of pale pink colour. In *Siddhmakusthadoshas* involved are *vata* and *kapha* which emits small particle of skin in from of dust this is compared with branny scales which is accentuated by scratching gently. The last out of the seven *mahakustha* is the *Kakana* which has the characteristics of all three *dosas* which is red in colour like *gunja* flower and having excessive pain and burning sensation. In squamous cell carcinoma also we find thick verrucous cauliflower like plaque on raised ulcer with red granular floor. *Kakanaka* is considered as incurable and so is compared with squamous cell carcinoma.

Table No. 1

MAHA KUSTHA		MODERN CO RELATION
1.	<i>Mandala</i>	Psoriasis
2.	<i>kapala</i>	Scleroderma
3.	<i>Adumbara</i>	Furuncles
4.	<i>Rsyajiva</i>	Lichen Planus
5.	<i>Pundarika</i>	Urticaria
6.	<i>Siddhma</i>	Pityriasis Versicolor
7.	<i>Kakanak</i>	Squamous cell carcinoma

CONCLUSION

In the present study an attempt has been made to compare the 7 types of *MahaKustha* which are mentioned in *Ayurveda* with that of the modern science. Quiet a similarity has been found from the clinical features point of view. Thus, *kapala* being compared with Scleroderma, *Audumbara* with furuncle, *Mandala Kustha* with psoriasis. *Risyajivha* with lichen planus, *Pundarika Kustha* can be compared to Urticaria, *Siddhma* with pityriasis Verisicolor and *Kakanak* with Squamous Cell carcinoma

REFERENCES

1. Charak Samhita ChikitsaSthan, Part-III, RK Dash, Bhagawan Dash, Choukhamba Publication, Ch./Chi/7/14 Pg. 322-323
2. Www. Sclerodermainlo.org
3. Charak Samhita ChikitsaSthan, Part-III, RK Dash, Bhagawan Dash, Choukhamba Publication, Ch./Chi/7/1, Pg. 322-323
4. Illustrated Synopsis of Dermatology & sexually Transmitted Diseases. By Neena Khanna, 5th edition, Elsevier Pg. 265-266

5. Charak Samhita Chikitsa Sthan, Part-III, RK Dash, Bhagawan Dash, Choukhamba Publication, Ch./Chi/7/1. Pg. 322-323
6. Illustrated Synopsis of Dermatology & sexually Transmitted Diseases. By Neena Khanna, 5th edition, Elsevier, Pg.43, 44
7. Charak Samhita Chikitsa Sthan, Part-III, RK Dash, Bhagawan Dash, Choukhamba Publication, Ch./Chi/7/17 Pg.322-323
8. Illustrated Synopsis of Dermatology & sexually Transmitted Diseases. By Neena Khanna, 5th edition, Elsevier, Pg. 62-68
9. Charak Samhita Chikitsa Sthan, Part-III, RK Dash, Bhagawan Dash, Choukhamba Publication, Ch./Chi/7/18, Pg. 324
10. Illustrated Synopsis of Dermatology & sexually Transmitted Diseases. By Neena Khanna, 5th edition, Elsevier, Pg. 188-194
11. Charak Samhita Chikitsa Sthan, Part-III, RK Dash, Bhagawan Dash, Choukhamba Publication, Ch./Chi/7/19. Pg. 324
12. Illustrated Synopsis of Dermatology & sexually Transmitted Diseases. By Neena Khanna, 5th edition, Elsevier, Pg. 310-312
13. Charak Samhita Chikitsa Sthan, Part-III, RK Dash, Bhagawan Dash, Choukhamba Publication, Ch./Chi/7/19, Pg. 324
14. Illustrated Synopsis of Dermatology & sexually Transmitted Diseases. By Neena Khanna, 5th edition, Elsevier, Pg. 391-393

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