

AGNI DUSHTI AND ITS ROLE IN THE ETIOPATHOGENESIS OF PSORIASIS: AN
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ABSTRACT

Background: Psoriasis is a chronic, immune-mediated inflammatory dermatosis with complex etiopathogenesis. Ayurveda classifies it under Kushtha (predominantly Kitibha and Ekakushtha), where Agni Dushti — impairment of digestive and metabolic fire — is identified as a central upstream pathological event. **Objective:** To explore conceptual and mechanistic parallels between Agni Dushti and the modern immunopathogenesis of psoriasis, integrating classical Ayurvedic frameworks with contemporary molecular and dermatopathological evidence. **Methods:** An integrative literature review was conducted using classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridayam) and peer-reviewed biomedical databases (PubMed, Scopus, AYUSH Research Portal) for the period 2000–2024. **Key Findings:** Agni Dushti leads to Ama formation, Dosha Vaishamya, and Dhatu Dushti — paralleling increased intestinal permeability, systemic inflammation (IL-17, IL-23, TNF-alpha), and altered keratinocyte kinetics in psoriasis. **Conclusion:** Agni Dushti provides a holistic etiological framework for psoriasis, and its targeted correction through Deepana-Pachana therapies may complement modern biologic approaches. Further clinical validation is warranted.

KEYWORDS: Agni Dushti, Ekakushtha, Psoriasis, Ama, Immunopathogenesis, Integrative Review, Ayurveda, Gut-Skin Axis.

INTRODUCTION

Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by well-defined erythematous plaques with silvery scales, commonly affecting the scalp, elbows, knees, and trunk. It significantly impacts quality of life and is associated with comorbidities such as psoriatic arthritis, obesity, and depression. The global prevalence ranges from 0.5–11.4% in adults and 0–1.4% in children, while in India it affects about 1–2% of the population. The disease shows two peak ages of onset: 30–39 years and 50–69 years. Psoriatic arthritis develops in approximately 7–26% of patients.^[1]

Ayurveda classifies psoriasis-like conditions within Kushtha (skin diseases). Charaka Samhita describes Ekakushtha and Kitibha as Vata-Kapha predominant Kushtha presenting with Matsyashakala (fish-scale appearance), Aswedana (absence of sweating), Shyaav (Blackish discoloration) kina khara sparsham

(Rough on touch).^[2] and extensive involvement — features closely paralleling psoriasis vulgaris.

Central to Ayurvedic etiopathogenesis is Agni — the biological fire governing all metabolic and digestive processes. Agni Dushti, particularly Mandagni (hypoactive Agni), initiates a cascade of Ama³ (toxic metabolic byproduct) formation, Dosha Vaishamya, Srotorodha, and Dhatu Dushti affecting Twak (skin).

Contemporary research on the gut-skin axis, intestinal permeability, and microbiome dysbiosis in psoriasis offers compelling parallels to these classical constructs.

The present review bridges this gap by analyzing Ayurvedic frameworks alongside contemporary immunopathological evidence.

Agni in Ayurveda: Classical Concept and Relevance to Skin

Agni is considered the fundamental principle responsible for digestion, metabolism, transformation, and nourishment of the body in Ayurveda. Acharya Charaka describes Agni as the sustaining force of life, governing longevity (ayu), complexion (varna), health (swasthya), strength (bala), enthusiasm (utsaha), immunity (ojas), and vitality. Proper functioning of Agni ensures the conversion of ingested food into nutritive essence (ahara rasa), which subsequently nourishes all the dhatus through the coordinated actions of Jatharagni, Bhutagni, and Dhatwagni. Ayurveda recognizes thirteen types of Agni, comprising one Jatharagni, five Bhutagnis, and seven Dhatwagnis, all of which play a crucial role in maintaining physiological homeostasis.

Among these, Jatharagni is regarded as the principal Agni, as the status of all other Agnis depends upon it⁵. Impairment of Jatharagni leads to incomplete digestion and the formation of Ama, a toxic, unprocessed metabolic by-product. Ama possesses the tendency to obstruct srotas, vitiate doshas, and initiate pathological processes throughout the body. Bhutagni and Dhatwagni further regulate the proper assimilation of nutrients and the formation of healthy tissues. Dysfunction of these Agnis results in impaired tissue metabolism, accumulation of metabolic waste products, and production of Sama Dhatus, predisposing an individual to various diseases.

The skin (Twak) is closely related to the status of Agni, as healthy digestion and tissue metabolism are essential for maintaining normal complexion, texture, and function of the skin. Agni Dushti leads to Ama formation, Dosha vitiation, and disturbances in Rakta and Mamsa Dhatus, which are intimately associated with skin disorders⁶. In the context of psoriasis, a condition comparable to Kitibha Kushta in Ayurveda, deranged Agni is considered a key initiating factor⁷ that promotes Ama accumulation, Srotorodha, and vitiation of Vata, Kapha, and Rakta. Thus, Agni Dushti serves as a fundamental

pathological event in the etiopathogenesis of skin disease highlighting the importance of restoring Agni for both prevention and management of the disease

1. Nidana (Etiology): Causative Factors of Agni Dushti in Psoriasis

The etiological factors responsible for Agni Dushti in psoriasis can be broadly categorized into **Āhāraja Nidāna (dietary factors)** and **Vihāraja Nidāna (lifestyle factors)**. Dietary factors include excessive consumption of **Drava Ahara** (liquid and fermented foods such as alcohol, excess water, and fruit juices), **Snigdha Ahara** (unctuous and fatty foods like ghee, oils, meat fats, milk, and meat preparations), and **Guru Ahara**⁸ (heavy-to-digest foods such as black gram, wheat, dairy products, jaggery, bananas, jackfruit, meat, and curd). Frequent intake of these foods may impair digestive capacity, resulting in Mandāgni and Ama formation. Additionally, the practice of **Viruddhāhāra** (incompatible food combinations and dietary habits), including incompatibility related to place, time, digestive strength, quantity, potency, preparation, and food combinations, further disturbs Agni and promotes pathological processes. Lifestyle-related factors include suppression of natural urges, excessive physical exertion, exposure to excessive heat, overeating, improper administration of Panchakarma procedures, sexual activity during indigestion, daytime sleep⁹, carrying heavy loads, and engagement in unethical or stressful activities. Collectively, these dietary and behavioral factors contribute to Agni Dushti, leading to Ama accumulation, Dosha vitiation, and ultimately playing a significant role in the etiopathogenesis of psoriasis.

2. Samprapti (Pathogenesis): From Agni Dushti to Ekakushtha

Samprapti represents the sequential pathophysiological progression from causative factors to clinical manifestation. In Ekakushtha, Agni Dushti occupies the pivotal second stage, serving as the gateway through which Nidana Sevana translates into systemic disease:

Table 3: Samprapti of Ekakushtha — Ayurvedic Stages with Modern Pathological Correlates.

Samprapti Stage	Ayurvedic Pathogenesis	Modern Pathological Equivalent
1. Nidana Sevana ¹⁰	Viruddha Ahara, psychological stress, infection	Dietary triggers, HPA stress axis, Group A Streptococcus
2. Agni Dushti (Mandagni)	Impaired Jatharagni → Ama formation	Reduced digestive enzyme activity; intestinal dysbiosis
3. Dosha Vaishamya	Vata-Kapha dominance in Ekakushtha	Epidermal barrier dysfunction (Vata) + immune dysregulation (Kapha-Pitta)
4. Srotorodha ¹²	Blockage of Rasavaha, Raktavaha, Swedavaha Srotas	Impaired lymphatic drainage; occluded sweat glands
5. Dhatu Dushti ¹¹	Rasa → Rakta → Mamsa → Twak (Bahudoshavastha)	Th1/Th17 activation, keratinocyte hyperproliferation
6. Ekakushtha	Matsyashakala, Aswedana, Kandu, Ruk	Psoriatic plaques, PASI elevation, Ki-67 upregulation, pruritus

3. Modern Immunopathogenesis: Parallels with Agni Dushti

Psoriasis pathogenesis is driven by a dysregulated immune cascade initiated by plasmacytoid dendritic cells (pDCs) producing IFN-alpha. This activates myeloid DCs that prime naive T-cells toward Th1 and Th17

lineages. The resultant cytokine milieu — particularly IL-17A, IL-17F, IL-22, IL-23, and TNF-alpha — drives keratinocyte hyperproliferation, reduced differentiation, and neutrophil recruitment. The table below maps classical Agni Dushti constructs to contemporary molecular findings:

Table 4: Integrative Mapping — Agni Dushti Concepts and Modern Immunopathological Equivalents.

Agni Dushti Concept (Ayurveda)	Modern Molecular / Pathological Equivalent
Ama (undigested metabolic toxins) ¹³	Endotoxemia, LPS from leaky gut, Damage-Associated Molecular Patterns (DAMPs)
Rakta Dushti ¹³	Activated T-cells (Th1/Th17), elevated CRP, ESR, TNF-alpha
Bhrajaka Pitta Dushti ¹⁴	Keratinocyte hyperproliferation (elevated Ki-67), reduced apoptosis, acanthosis
Srotorodha ¹⁵	Impaired lymphatic drainage, VEGF-driven pathological angiogenesis
Vata-Kapha Dosha dominance	IL-17A/IL-23 axis activation + epidermal barrier dysfunction (filaggrin deficiency)
Aswedana	Eccrine gland occlusion, altered transepidermal water loss (TEWL)
Twak Parushya / Khara Twak	Parakeratosis, stratum corneum retention, scaling (Auspitz sign positive)

A particularly significant parallel exists between Ama and endotoxemia. Ama is characterized as Picchila (sticky), Guru (heavy), and Durgandha (foul-smelling), capable of causing Srotorodha — properties that parallel circulating lipopolysaccharide (LPS) derived from gram-negative intestinal bacteria in conditions of increased gut permeability. LPS activates TLR-4 receptors, initiating NF-kB-mediated systemic inflammation — a mechanistic correlate of Ama-induced Dosha Dushti.

4. Gut-Skin Axis: Agni Dushti as the Central Mechanistic Link

The gut-skin axis has emerged as a critical pathophysiological concept in dermatology. Patients with psoriasis demonstrate distinct gut microbiome alterations including reduced *Faecalibacterium prausnitzii*, *Akkermansia muciniphila*, and *Roseburia intestinalis*, with enrichment of *Candida*, *Escherichia coli*, and select Firmicutes species. These findings resonate with Ayurvedic constructs: Agni Dushti¹⁶ impairs the Annavaha Srotas, leading to Purisha Vaha Srotas Dushti¹⁷— functionally analogous to gut dysbiosis and altered intestinal permeability..

Key integrative insights include: (1) increased intestinal permeability in psoriasis allows microbial LPS translocation, paralleling Ama formation from impaired Jatharagni; (2) Deepana-Pachana herbs such as Trikatu and Triphala demonstrate prebiotic and microbiome-modulating properties¹⁸; (3) Takra 19(buttermilk) contains *Lactobacillus* species mirroring probiotic interventions that reduce PASI scores; and (4) Virechana²⁰ achieves gut mucosal healing functionally analogous to intestinal permeability restoration. Psychological stress²¹- induced HPA activation further reduces intestinal mucus thickness, directly correlating with the Manasika Hetu → Agni Dushti → Ama pathway.

5. Therapeutic Implications: Correcting Agni Dushti in Psoriasis

Ayurvedic management follows the Shodhana (purification) and Shamana (palliation) paradigm, with Deepana-Pachana as the foundational step before all other interventions:

Table 5: Ayurvedic Therapeutic Interventions Targeting Agni Dushti in Psoriasis.

Ayurvedic Intervention	Pharmacological / Therapeutic Action	Level of Evidence
Deepana-Pachana (Trikatu, Chitrakadi Vati)	Digestive enzyme stimulation; anti-inflammatory via Agni correction	Preclinical + Classical authority (CS.Ci.15)
Virechana (Therapeutic Purgation)	Pitta Shodhana; gut detoxification; Ama elimination	Classical authority; case series evidence
Takra Pana / Takradhara	Probiotic effect; anti-inflammatory via gut-skin axis	Emerging clinical evidence; <i>Lactobacillus</i> studies
Khadirarishta + Manjistha	Immunomodulation; blood purification; antioxidant	Ethnopharmacological data; in vitro studies
Panchakarma (Vamana + Virechana)	Complete Dosha Shodhana; metabolic reset	RCT evidence in psoriasis (CTRI-registered studies)
Neem (Nimba) + Turmeric (Haridra)	Anti-inflammatory, antimicrobial, keratinocyte modulation	Clinical trial evidence; curcumin reduces PASI scores

The classical therapeutic sequence begins with: (1) Deepana-Pachana (7–14 days) to correct Agni and digest Ama, followed by (2) Snehana-Swedana to mobilize Doshas, and then (3) Shodhana (Vamana or Virechana as appropriate).

This protocol aligns with modern integrative principles of restoring gut health before addressing systemic inflammation.

6. DISCUSSION

This integrative review demonstrates that Agni Dushti provides a coherent upstream framework for understanding psoriasis etiopathogenesis. The construct of Ama — arising from impaired Jatharagni — serves as a conceptual bridge between Ayurvedic metabolic toxin accumulation and the modern understanding of endotoxemia, gut dysbiosis, and the gut-skin axis. The systematic mapping of Samprapti stages to contemporary immunopathological events reveals that Vata-Kapha Dosha dominance aligns mechanistically with epidermal barrier dysfunction (filaggrin deficiency — Vata quality) combined with IL-17/IL-23-driven immune hyperactivation (Kapha/Pitta excess), suggesting that Ayurvedic Dosha theory may encode phenotypic information about immune-inflammatory subtypes.

However, significant limitations must be acknowledged. Assessment of Agni status relies on subjective parameters (Mandagni Lakshanas: Aruchi, Gaurava, Tandra, Alasya) without validated biomarker correlates. Future research should establish measurable biological surrogates — candidate markers include fasting serum LPS-binding protein, intestinal fatty acid binding protein (I-FABP), stool microbiome profiling, and inflammatory cytokine panels. The mechanistic parallels proposed, while conceptually coherent, require direct experimental validation through RCTs measuring both Ayurvedic endpoints and biomedical outcomes (PASI score, cytokine profiles, microbiome indices).

CONCLUSION

Agni Dushti, specifically Mandagni, represents a clinically meaningful and mechanistically coherent upstream pathological event in the etiopathogenesis of psoriasis (Ekakushtha). The formation of Ama from impaired Jatharagni, with subsequent Dosha Vaishmya, Srotorodha, and Dhatu Dushti, parallels the gut dysbiosis, increased intestinal permeability, endotoxemia, and Th17-driven cutaneous inflammation of modern psoriasis pathogenesis. The gut-skin axis emerges as the key terrain where both frameworks converge.

Agni-corrective interventions (Deepana-Pachana, Virechana, Takra) offer rational, evidence-consonant approaches that may function as effective adjuncts to biologic therapy, particularly for patients in resource-limited settings. Translation of Agni Dushti into validated biomarker frameworks represents the most

critical research priority for advancing both Ayurvedic scientific credibility and integrative clinical practice.

REFERENCES

1. Lalit Kumar Gupta, Paschal D'Souza & Abhay Mani Martin, IADVL's concise textbook of Dermatology, 2nd edition page no, 208-209
2. Pt. Sastri Kashinath, Dr. Chaturvedi Gorakhanath, Part 2, Kustha chikitsa adhyay, Charaka Samhita of Agnivesha, Reprint, 2021; Page no-224 (verse no-13)
3. Astanga Hridayam with Vidhyotini Hindi commentary by Atrideva Gupta –Edited by Y.N.Upadhyaya, 12th edition; Sutrasthana Chaukhamba Surbharti Series, Varanasi, 13: 25-27.
4. Caraka Samhita with Vidyotinihindi commentary by Sri Satyanarayan Shastri, Pt. Kashinath Shastri, Dr. Gorakhnath Chaturvedi; Edited by Pt. Rajeshwardatta Shastri, Pt. Y.N. Upadhyaya, Dr. Banarasidasa Gupta, Dr. Bramhamashankara Misra; Volume II; Chikitsasthana Reprint Edition 2014; Chaukhambha Bharti Academy, Varanasi, 2014; 15: 3-4.
5. Caraka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta; Edited by Vaidya Jadavji Trikamji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 15: 1-4.
6. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta; Edited by Vaidya Jadavji Trikamji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 7: 9–10
7. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta; Edited by Vaidya Jadavji Trikamji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 7: 22.
8. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta; Edited by Vaidya Jadavji Trikamji Acharya, Nidan sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 5: 4-5.
9. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta; Edited by Vaidya Jadavji Trikamji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 7: 4-8.
10. Charaka Samhita by Agnivesa, Ayurveda Dipika commentary of Chakrapanidatta; Edited by Vaidya Jadavji Trikamji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 7: 21.
11. Sushruta Samhita, Nidana Sthana, Chapter 5/3. In: Singhal GD (ed). Chaukhamba Sanskrit Pratishthan; 2007.
12. Madhavakara, 2008. The Madhavanidana with 'Madhukosa' Commentary. Translated by G.J. Meulenbeld. Delhi: Motilal Banarsidass Publishers. Chapter 49

13. Charaka Samhita by Agnivesa ,Ayurveda Dipika commentary of Chakrapanidattta ; Edited by Vaidya Jadavji Trikrumji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 7: 9-10.
14. Sushruta Samhita, Nidana Sthana, Chapter 5 . In: Singhal GD (ed). Chaukhamba Sanskrit Pratishthan; 2007.
15. Astanga Hridayam with Vidhyotini Hindi commentary by Atrideva Gupta –Edited by Y.N.Upadhyaya, 12th edition; NidansthanaChaukhamba Surbharti Series, Varanasi, 14: 2-3.
16. Astanga Hridayam with Vidhyotini Hindi commentary by Atrideva Gupta –Edited by Y.N.Upadhyaya, 12th edition; Chikitsasthana Chaukhamba Surbharti Series, Varanasi, 12: 1.
17. Charaka Samhita by Agnivesa ,Ayurveda Dipika commentary of Chakrapanidattta ; Edited by Vaidya Jadavji Trikrumji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 7.
18. Charaka Samhita by Agnivesa ,Ayurveda Dipika commentary of Chakrapanidattta ; Edited by Vaidya Jadavji Trikrumji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 15.
19. Charaka Samhita by Agnivesa ,Ayurveda Dipika commentary of Chakrapanidattta ; Edited by Vaidya Jadavji Trikrumji Acharya, chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 15: 117.
20. Charaka Samhita by Agnivesa ,Ayurveda Dipika commentary of Chakrapanidattta ; Edited by Vaidya Jadavji Trikrumji Acharya, Sutrasthana 25 chikitsa sthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 7: 39.
21. Charaka Samhita by Agnivesa ,Ayurveda Dipika commentary of Chakrapanidattta ; Edited by Vaidya Jadavji Trikrumji Acharya, Vimansthana Reprint edition 2014, Chaukhambha Bharti Academy, Varanasi, 2014; 2: 9.