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Case Series

AYURVEDIC INDIVIDUALIZED MANAGEMENT OF CHRONIC DERMATOLOGICAL DISORDERS WITH *SHARMAYU* AYURVEDIC FORMULATIONS

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ABSTRACT

In addition to taking dietary and lifestyle aspects into account, Ayurveda uses a personalized evaluation of *Dosha, Dushya, Agni, Srotas, Nidana*, and *Samprapti* to treat dermatological diseases. The clinical evaluation and Ayurvedic treatment of three patients with the diagnoses of *Vicharchika, Vipadika*, and *Dadru* are detailed in this case series. The cases presented here show how customized Ayurvedic evaluation and therapy may be applied to various dermatological presentations and emphasize how dietary and lifestyle aspects should be taken into account in clinical care. Although all three cases showed good clinical improvement, conclusive findings are limited in two cases due to ongoing treatment. The therapeutic treatment of three distinct dermatological disorders using customized Ayurvedic principles is described in the present case series. The treatment was customized according to the clinical presentation and Ayurvedic assessment, and included *Shodhana* procedures, local therapies, and oral Ayurvedic medications. Clinical progress was evaluated during the follow-up.

INTRODUCTION

According to Ayurveda, having good skin *(Twak)* is a crucial sign of general well-being and healthy bodily functions. *Dosha, Dhatu, Agni, Ahara, Vihara,* and the status of different *Srotas* all affect skin health. According to traditional Ayurvedic scriptures, *Twak* is intimately related to *Rasa Dhatu* and *Rakta Dhatu* and is described in relation to the body's growth. *Bhrajaka Pitta*, which is said to be in charge of processes related to complexion, pigmentation, and the transformation of chemicals applied to the skin, also affects the quality and look of the skin.

तस्य खल्वेवम्प्रवृत्तस्य शुक्रशोणितस्याभिपच्यमानस्य क्षीरस्येव सन्तानिकाः सप्त त्वचो भवन्ति | [1]

Under the broad concept of *Kushtha*, which includes a variety of dermatological problems, Ayurveda describes a number of skin disorders. *Doshas*, especially *Vata, Pitta,* and *Kapha*, as well as *Rakta, Mamsa*, *Lasika,* and *Twak*, are involved and interact to explain the etiology of various ailments.

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interact to explain the etiology of various ailments. Skin diseases can develop or worsen as a result of dietary practices, lifestyle choices, environmental influences, impaired digestion and metabolism, and incompatible food combinations (*Viruddha Ahara*).

यत् किञ्चिद्दोषमास्राव्य न निर्हरति कायतः |आहारजातं तत् सर्वमहितायोपपद्यते || [2]

According to modern dermatology[3], the epidermis, dermis, and subcutaneous tissue make up the skin, which is a complex organ. It contributes to thermoregulation, sensibility, vitamin D production, and the preservation of fluid and electrolyte balance in addition to serving as a physical and immunological barrier. Modern dermatology acknowledges that a variety of factors, such as genetic predisposition, immunological dysregulation, infections, allergens, hormonal impacts, environmental exposures, drugs, and metabolic disorders, can cause skin illnesses. Psoriasis, atopic dermatitis, acne, vitiligo, and chronic eczema are examples of dermatological conditions that can have a substantial impact on psychological well-being and quality of life.

The connection between the skin and other physiological systems is also becoming more well acknowledged. Understanding dermatological illnesses beyond local pathology has been made possible by the concepts of the skin–immune system connection, the

gut–skin axis, and the impact of stress and neuroendocrine systems. These ideas offer intriguing topics for investigation into all-encompassing methods for skin health. Different conceptual frameworks are used by Ayurveda and contemporary dermatology to treat skin conditions. While Ayurveda offers a customized framework based on *Dosha, Dushya, Agni, Srotas, Prakriti,* and lifestyle, modern medicine offers a thorough understanding of disease causes, clinical diagnosis, investigations, and standardized outcome assessment.

A clinically meaningful integrative approach should therefore maintain accurate modern diagnosis while documenting the corresponding Ayurvedic assessment and rationale for treatment. Objective clinical photographs, validated disease-severity scores, laboratory investigations where appropriate, treatment duration and systematic follow-up can strengthen the scientific value of Ayurvedic case reports and case series.

The study of skin disorders through both Ayurvedic and contemporary biomedical perspectives may help generate clinically relevant evidence and identify areas for further research. Well-documented case series can provide useful preliminary evidence regarding treatment approaches, clinical outcomes and possible areas for controlled clinical investigation.

Therefore, a clinically useful integrative strategy should document the corresponding Ayurvedic assessment and therapeutic rationale while maintaining precise modern diagnosis. The scientific value of Ayurvedic case reports and case series can be strengthened by objective clinical photos, validated disease-severity scores, laboratory tests where necessary, therapy duration, and methodical follow-up. Ayurvedic and modern biological approaches to the study of skin conditions may assist produce evidence that is therapeutically meaningful and point out areas that require more investigation. When it comes to treatment strategies, clinical results, and potential topics for controlled clinical research, well-documented case series can offer helpful early information.

AIMS AND OBJECTIVES

1. To document and evaluate the clinical outcomes of individualized Ayurvedic management in three patients with different dermatological disorders, with assessment from both Ayurvedic and contemporary dermatological perspectives.
2. To document the clinical presentation, Ayurvedic assessment, treatment approach and outcomes of three patients with dermatological disorders managed through individualized Ayurvedic interventions.

Case Studies

Case 1: *Vicharchika*

A 25-year-old male patient presented with complaints of generalized itching, burning sensation over the body, and reddish discoloration over the lower-limb region. The patient had been experiencing these symptoms for approximately 2 years.

On Ayurvedic assessment, the condition was assessed as *Vicharchika* with predominant *Pitta-Kapha* involvement. The dietary history revealed excessive consumption of fish and salted food items, which were considered relevant dietary factors in the present case.

Clinical Presentation

The patient presented with:

- Generalized itching (*Kandu*)
- Burning sensation (*Daha*)
- Reddish discoloration over the leg region
- Duration: 6 months

Based on the clinical presentation and Ayurvedic assessment, the case was diagnosed as *Vicharchika.*

- सकण्डूः पिडका श्यावा प्राहुस्रावा विचर्चिका ।। Charaka Chikitsa 7/26 [4]
- राज्योऽतिकण्ड्वर्तिरुजः सरूक्षा भवन्ति गात्रेषु विचर्चिकायाम् ।। Susruta Chikitsa 5/23
- सकण्डूपिटिका श्यावा लसीकाढ्या विचर्चिका | Astanga Hridaya Nidana 14/18

Ayurvedic Management of *Kshudra kustha* in general

- वातोत्तरेषु सर्पिः वमनं श्लेष्मोत्तरेषु कुष्ठेषु ।
  पित्तोत्तरेषु मोक्षो रक्तस्य विरेचनं चाग्रे ।। (च. चि. 7/39)[5]
- बहुदोषः संशोध्यः कुष्ठी बहुशोऽनुरक्षता प्राणान्। (च. चि. 7/41)[6]

The patient was managed using a sequential Ayurvedic treatment approach consisting of:

1. 1st *Vamana* – 1 sitting
2. 2nd *Virechana* – 1 sitting
3. 3rd *Raktamokshana (Jalaukavacharana)* – 2 sittings
4. After *Shodhan chikitsa* started with oral Ayurvedic medicines with follow up.

- **1st follow up–** *Arogyavardini Vati, Gandhak Rasayan, Tb. Kabjona, Syp. Mahamanjisthadyarishta.*
- **2nd Follow Up–** *Panchtikta Ghrita Guggul, Gandhak Rasayan, Nimba Taila* for local application.
- **3rd Follow Up–** *Arogyavardini Vati, Gandhak Rasayan, Panchsakar Churna.*
- **4th Follow Up**- *Panchsakar Churna, Mahamanjisthadi Kwath, Nimba Tail* for local application.
- **5th Follow Up**- *Panchsakar Churna, Mahamanjisthadi Kwath, Gandhak Rasayan.*
- At last further continued with *Mahamanjisthadyarishta* For 15 days.
- And later for constipation *Panchsakar Churna* 1tsp for 15 days.

5. Appropriate dietary advice and avoidance of aggravating food items.

The treatment was individualized according to the patient's clinical presentation and assessed *Pitta-Kapha* predominance.

Outcome

Following completion of the treatment protocol and subsequent follow-up, the patient demonstrated complete clinical resolution of the reported symptoms and skin manifestations.

The patient was followed up after treatment to assess maintenance of clinical improvement and recurrence.

Case 2: *Vipadika*

A 33-year-old male patient presented with dermatological complaints predominantly affecting both palms. The patient reported a history of excessive consumption of outside food and irregular meal timings, including delayed intake of lunch and dinner. The patient had been experiencing these symptoms for approximately since 3 years with comorbidities of hypothyroidism.

On Ayurvedic assessment, the condition was considered to have *Vata-Pitta* predominance and was clinically correlated with *Vipadika.*

वैपादिकं पाणिपादस्फुटनं तीव्रवेदनम् । [7]

Clinical Presentation

The patient presented with the following clinical features:

- Scaling over both palms
- Cracks/fissures over both palms
- Blackish discoloration
- Thickened and hardened skin over the affected palmar region.

These clinical features were assessed in accordance with the Ayurvedic features of *Vipadika*.

Ayurvedic Management

The patient was managed with an individualized Ayurvedic treatment protocol consisting of:

1. *Virechana* – 1 sitting
2. *Lepa* – 1 sitting
3. *Dhawana* – 1 sitting
4. Oral Ayurvedic medications

On 1st Consultation- *Haridrakhand Rasayan* with *Abhrak Bhasma, Tab. Neem Vati, Brahmi Vati*

1st follow up– *Haridrakhand rasayan* with *Abhrak Bhasma* and *Muktashukti Pishti, Avipattikar, Mahamanjisthadi kwath* with *Patankar kwath, Tab. Kabjona* and local application of combination of *Shatdhauta ghrita, Karanj, Neem, Erand* at palm, *Dhawan* with *Triphala kwath*

2nd Follow Up– *Pathyadi kwath, Triphala churna* with *Yashti Madhu Churna* and *Abhrak Bhasma, Kanchnar guggul, Sutshekar*

3rd Follow Up– *Triphala Churna* with *Yashti Madhu Churna* and *Muktashukti Pishti, Avipattikar, Mahamanjisthadi Kwath* with *Patankar Kwath, Tab. Kabjona, Sutshekar*

4th Follow Up- As a patient had comorbidities of Hypothyroidism also started with *Sharmayu* based medicine *Syp. Thyorina with Tab. Kabjona, Sutshekar, Neem vati.*

Still medications are ongoing.

Dietary and lifestyle advice, particularly regarding irregular meal timings and excessive consumption of outside food.

The patient continues to receive treatment and is being monitored periodically.

Outcome

At the time of the present assessment, the patient demonstrated approximately 80% clinical improvement in the presenting signs and symptoms. As treatment is ongoing, further follow-up is required to assess complete resolution, sustainability of improvement and possible recurrence.

Case 3: *Dadru*

A 55-year-old female patient presented with complaints of itching in the inguinal region associated with blackish discoloration, bluish discoloration over the face, and generalized itching over the body.

The patient reported dietary and lifestyle factors including *Viruddha Ahara-Vihara,* late morning awakening at approximately 11:00 AM, disturbed sleep pattern and delayed intake of dinner.

On Ayurvedic assessment, the condition was considered to have *Pitta-Kapha* predominance and was clinically correlated with *Dadru.*

सकण्डूरागपिडकं ददुमण्डलमुद्गतम् |[8]

Clinical Presentation

The patient presented with:

- Itching in the inguinal region
- Blackish discoloration over the inguinal region
- Bluish discoloration over the face
- Generalized itching over the body
- History of disturbed sleep
- Delayed dinner and irregular daily routine

Ayurvedic Management

The patient was managed with an individualized Ayurvedic treatment protocol consisting of:

Virechana – 2 sittings

Oral Ayurvedic medications

- **1st Consultation -** *Tab. Kabjona and Tab. Sutshekar*
- **1st follow up –** *Haridrakhand rasayan with Abhrak Bhasma, Sarivadi vati, Neem Vati, Gandhak Rasayan*
- **2nd follow up-** Ongoing *Virechana* plan
  1. Dietary and lifestyle modifications
  2. Advice regarding regular meal timing and sleep pattern.

The patient continues to receive treatment and is being followed periodically.

Outcome

At the time of the present assessment, the patient demonstrated approximately 70% clinical improvement in the presenting signs and symptoms. As treatment is ongoing, further follow-up is required to assess complete clinical resolution, sustainability of improvement and recurrence.

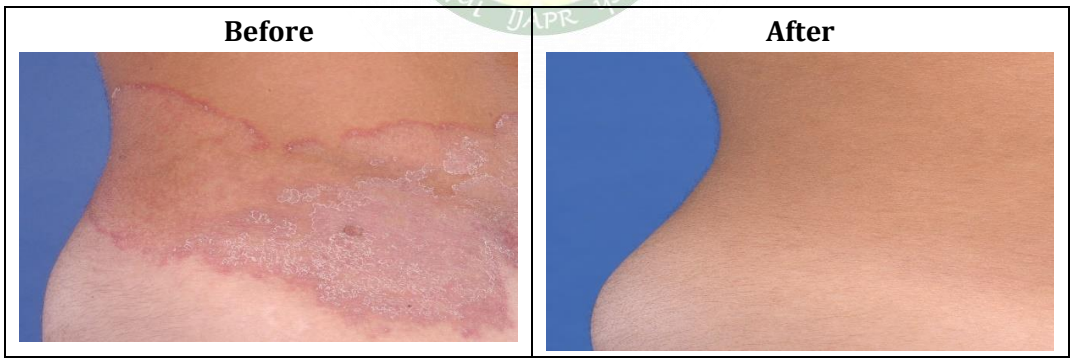
Figures: ***Vicharchika***



Vipadika



Dadru



DISCUSSION

The present case series highlights the role of individualized Ayurvedic management in three different dermatological conditions- *Vicharchika, Vipadika* and *Dadru*. Each case was assessed according to *Dosha* predominance, dietary and lifestyle factors, and clinical presentation.

Vicharchika was associated with *Pitta-Kapha* predominance and dietary factors such as excessive intake of fish and salted foods. The patient was managed with *Vamana, Virechana, Raktamokshana* and oral medicines, with complete clinical resolution reported.

Vipadika showed *Vata-Pitta* predominance with palmar scaling, fissuring and thickening. Management with *Virechana, Lepa, Dhawana* and oral medicines resulted in approximately 80% clinical improvement.

Dadru was assessed as *Pitta-Kapha* predominant and was associated with irregular dietary and lifestyle practices. *Virechana* and oral medicines resulted in approximately 70% clinical improvement at the time of assessment.

An important observation across the three cases is the emphasis placed on identifying individual dietary and lifestyle factors. The reported *Nidanas*

differed between patients, but all three cases demonstrated potentially modifiable factors such as dietary irregularities, inappropriate food intake or disturbed daily routines. This reflects the Ayurvedic principle that management of disease involves not only therapeutic intervention but also identification and avoidance of relevant *Nidanas*.

Another notable feature of the present series is the individualized selection of *Shodhana* and other therapeutic interventions. *Vamana* was employed in Case 1, while *Virechana* was used in all three cases, with *Raktamokshana* additionally employed in Case 1 and local therapies used in Case 2. The differences in treatment illustrate the Ayurvedic principle that treatment selection is determined by the patient's Dosha predominance, clinical presentation, disease chronicity, strength of the patient and assessment of *Samprapti* rather than by disease name alone.

Across the three cases, individualized assessment of *Dosha, Nidana* and clinical features guided the selection of treatment. The observed improvements are encouraging; however, the small sample size, absence of a control group and ongoing treatment in two cases limit definitive conclusions. Further systematic clinical studies are required to validate these observations.

CONCLUSION

This three-case series demonstrates the practical application of individualized Ayurvedic principles in the management of *Vicharchika, Vipadika* and *Dadru*. Clinical improvement was observed in all three cases following Ayurvedic interventions tailored to the patient's Dosha, dietary factors and clinical presentation.

These preliminary observations suggest that individualized Ayurvedic management may have potential in dermatological practice. However, the findings of this small case series should be interpreted as preliminary clinical observations and cannot establish treatment efficacy. Well-designed prospective clinical studies using standardized diagnostic and outcome measures, adequate sample sizes and longer follow-up are warranted to further evaluate the role of Ayurvedic interventions in dermatological disorders.

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