



Case Study

AYURVEDIC MANAGEMENT OF PAPULAR DERMATOSIS

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ABSTRACT

Papular dermatoses are a group of skin disorders characterized by multiple small, raised papules, among which lichen nitidus is one of the uncommon variants. It is a rare, chronic inflammatory condition of the skin, mostly in children and young adults. It may cause considerable discomfort due to pruritus and may necessitate treatment for cosmetic or symptomatic relief. This case study explores the diagnosis and Ayurvedic management of a 17-year-old male patient with papular lesions on the scalp, for whom a probable diagnosis of lichen nitidus was considered based on clinical features. Management incorporated a *Dosha*-based approach along with Ayurvedic principles of *Kushta Roga*, using oral formulations and topical applications. The patient experienced symptomatic improvement, with reduced itching and complete resolution of lesions. This case highlights the potential role of Ayurvedic management in papular dermatoses and emphasizes the need for further exploration of Ayurvedic principles in their management through well-designed clinical studies.

INTRODUCTION

Skin diseases have a profound effect on public health, influencing not just physical health but also mental and social well-being. The mental distress of having a visible skin condition may lead to self-consciousness and anxiety. Papular dermatoses are a group of skin disorders characterized by multiple small, raised papules, among which lichen nitidus is one of the uncommon variants. Lichen nitidus is an idiopathic inflammatory skin disorder that typically affects children and young adults, presenting as discrete, skin-colored papules, usually 1 to 2mm in diameter.^[1] Treatment options, including corticosteroids and immunotherapy, are generally considered for cosmetic or symptomatic relief.^[2] In Ayurvedic medicine, skin diseases are broadly categorized as *Kushta Roga*. It is said that all skin conditions involve the interplay of the three *Doshas* *Vata* (*Dosha* responsible for movement and cognition), *Pittadosha* (regulating body temperature and

metabolic activities), and *Kapha* (*Dosha* responsible for regulating body fluids and keeping the body constituents cohesive).^[3] Pathogenesis in *Kushta* involves aggravation of these *Doshas* which further vitiate *Tvak* (skin), *Mamsa* (muscle), *Shonita* (blood), and *Lasika* (lymphatic exudate), resulting in skin manifestations.^[4]

Ayurveda highlights *Nidana parivarjana* and *Samprapti Vighatana* (breaking the pathogenesis) as the prime treatment. Normalizing *Dosha* through different *Shamana* (conservative therapy) procedures, as explained in *Kushta Chikitsa*, can help achieve this and thereby resolve the disease.

Patient information

A 17-year-old male patient with a medical record number of 6702275 presented to the Ayurveda outpatient department. He reported a one-year history of itchy, multiple papular lesions located on the left side of his scalp, extending upward and involving areas around and above the left ear.

The patient was asymptomatic one year ago but began noticing small, two to three itchy skin-colored maculopapular lesions on the left side of the scalp behind the left ear. After one month, the itching worsened, and the lesions increased in number and size. He consulted a local physician and used topical

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treatments (details not available), which provided temporary relief of itching but did not reduce the lesions. Upon discontinuing the treatment, the itching recurred, and later the lesions became more prominent. He had particularly more itching after sweating but had no significant seasonal exacerbations. Over time, the lesions grew to 1-2mm in diameter, extending upward over the left scalp and involving areas around and above the left ear and the itching intensified. Despite continued use of topical treatments, there was no relief in lesions, prompting the patient to seek further management.

The patient's past medical history includes no significant systemic illnesses, autoimmune disorders, tuberculosis, diabetes, chronic infections, allergies, or prior skin conditions relevant to the current disease.

Ayurvedic Examination

Table 1: Ayurvedic Examination of the Patient and the Disease

<i>Ashtasthana pareeksha</i>	<i>Dashavidha pareeksha</i>
<i>Nadi</i> (pulse)- <i>Vata kaphaja</i> (<i>Vata</i> and <i>Kapha</i> predominant)	<i>Dushya</i> (a bodily structure which can be vitiated by aggravated <i>Dosh</i>)- <i>Rasavaha srotas</i> (channels carrying the primary product of digestion), <i>Raktavaha srotas</i> (vitiation of channels carrying blood), <i>Twak</i> (skin), <i>Rakta</i> (blood), <i>Mamsa</i> (muscle), <i>Kaphadika tridosha</i> (<i>Kapha</i> predominant <i>Tridosha</i>).
<i>Mootra</i> (urine)- <i>Samyak</i> (normal state)	<i>Desha</i> (habitat)- <i>Jangala</i> (region with dry forests and less rainfall).
<i>Mala</i> (excreta)- <i>Samyak</i> (normal state)	<i>Kala</i> (time)- <i>Sarvartu</i> (all season)
<i>Jihwa</i> (tongue)- <i>Anupalipata</i> (uncoated)	<i>Bala</i> (strength)- <i>Madhyama</i> (moderate)
<i>Shabda</i> (voice/speech)- <i>Prakruta</i> (normal state)	<i>Agni</i> (metabolic factors located in the digestive tract) – <i>Samagni</i>
<i>Sparsha</i> (touch) – <i>Anushnashita</i> (not too cold or warm)	<i>Prakrti</i> (an individual's inherent nature)- <i>Vata Kaphaja</i>
<i>Drik</i> (vision)- <i>Prakruta</i> (normal state)	<i>Vaya</i> (Age) – <i>Madhyama</i> (moderate)
<i>Akrti</i> (body stature)- <i>Leena</i> (thin)	<i>Satva</i> (psyche) – <i>Avara</i> (insufficient)
	<i>Satmya</i> - <i>Madhura pradhana Shadrasa</i> (sweet predominant six taste)
	<i>Ahara</i> (food)- <i>Madhyama</i> (moderate)

Nidana (Causes) - The patient had a frequent intake of spicy, oily, and junk foods, such as noodles, pizza, and fried snacks, as well as carbonated and packaged drinks, along with excessive consumption of sweets.

Samprapti-(Pathogenesis)- Excessive consumption of *Guru* (heavy), *Snigdha* (oily), *Vidahi* (pungent, spicy), and *Viruddha ahara* (incompatible foods) leads to *Agni dushti* (impaired digestion), *Ama utpatti* (toxin formation), and vitiation of *Kaphadika tridosha*. These disturbed *Dosh*s localize in the *Twak* (skin), causing symptoms.

Diagnostic assessment

Differential Diagnosis- Lichen nitidus, lichen planus, keratosis pilaris, lichen sclerosus et atrophicus

There was no notable family history of skin conditions or relevant systemic diseases.

Clinical Findings

On general examination, body temperature, pulse rate (86/min), and BP (110/70mm of Hg) were within normal limits. On systemic examination, no abnormality was detected.

Upon local examination, multiple skin-colored well-defined papular lesions measuring approximately 1-2mm in diameter were observed on the left side of his scalp, extending upward and involving areas around and above the left ear. The affected area showed no signs of inflammation or secondary infection, such as crusting or oozing. There was no complaint of hair fall or dandruff.

Table 2: Differential Diagnosis

Condition	Clinical Features	Favouring features	Non-favouring features
Lichen Nitidus	Multiple, discrete, shiny, flat-topped, pale to skin-colored papules, 1 to 2mm in diameter. ^[1]	Features match -localized, itchy, skin-colored, and papular lesions of 1-2mm.	The disease is commonly present on the limbs, abdomen, chest, and penile shaft. ^[2]
Lichen Planus	Flat-topped, polygonal, violaceous papules or plaques with a shiny surface (Wickham's striae). ^[5]	Scalp involvement can occur.	Violaceous color lesions do not match the presentation.
Keratosis Pilaris	Papules with follicular involvement. ^[6]	Papules could mimic the appearance of this condition	There is no follicular distribution in this condition.
Lichen Sclerosus	An autoimmune disorder characterized by hypopigmentation and skin atrophy. It involves most commonly the genital skin, less often the extragenital sites. ^[7]	localized lesions that may involve papules can be present in this condition.	Hypopigmented lesions with atrophy do not align with the patient's features.

Based on the clinical presentation and comprehensive patient history, lichen nitidus was determined to be the probable diagnosis.

The patient presented with *Utseda* (elevation) associated with *Kandu* (itching), which are features of *Kaphaja Kushta*.^[8] There were no features like *Daha* (burning sensation), *Shula* (piercing pain), etc. or other classical signs described for specific types of *Kushta Roga* in Ayurvedic classics. Hence the disease can be diagnosed as *Kaphadika Kushta roga*.

**Figure 1- Before treatment****Figure 2- After Treatment**

Timeline and therapeutic intervention

Pathya (Wholesome Regimen)- The patient was advised to use green leaves, and vegetables having *Tikta* (bitter) taste, such as *Karavellaka* (*Momordica charantia* L.), *Patola* (*Luffa echinata* Roxb.), etc more in the diet. He was restricted to using foods high in salt and sourness and to avoid curd, red meat, fish, sweets, spicy, oily, and junk foods. Additionally, the patient was instructed to avoid scratching with nails, to avoid irritants like harsh shampoos, or any other skin products.

Table 3: Treatment Given and the Timeline of the Patient

Date	Medicines Given	Dose, Frequency, and Mode of Application	Timeline of patient
5/7/24	1. <i>Gandhaka Rasayana</i>	250mg twice a day per oral with water	The patient reports multiple raised skin lesions accompanied by itching
	2. <i>Kaishora guggulu</i>	500mg thrice a day per oral (chewing)	
	3. <i>Sidhardhaka snana choorna and Tankhana bhasma</i>	<i>Gharshana</i> (scrubbing) with the paste made of these with <i>Gomutra</i> (cow urine) at the site of the lesion, twice a day for 5-10 minutes	
	4. <i>Krimikuthara rasa</i>	250mg twice a day per oral with water	
	5. <i>Marichyadi tailam</i>	Local application 2-3 times a day.	
19/7/24	All medicines are continued		The patient reports multiple raised skin lesions accompanied by mild itching.
7/8/24	Medicines are stopped Continued 1,2,5		Mild itching occurs occasionally. The lesions have reduced in size, and some have disappeared. No new complaints.
6/9/24	Advised to continue 5 if symptoms reappear, all other medications are stopped		No lesions or itching are present.

Follow up and outcome

After 15 days of treatment, the patient started experiencing a reduction in itching. Considerable improvement in the lesion was visible on the 2nd follow-up, after 1 month of treatment. The case was followed after 5 weeks, and there was improvement in both signs and symptoms. After 9 weeks of treatment, the patient got relief from all signs and symptoms.

DISCUSSION

In Ayurveda, *Nidana Parivarjana* (avoiding causative factors) is the main approach to managing diseases. Improper dietary practices, especially the intake of *Viruddha Ahara* (incompatible food), play a crucial role in the etiopathogenesis of skin diseases. The patient was advised to follow *Pathya* (wholesome diet) to mitigate the underlying pathogenic factors. The therapeutic approach to managing *Kushta Roga* involves a combination of *Samana* and *Shodhana* therapies. Considering the patient's condition, and other features, *Samana Chikitsa* was chosen. This approach includes both oral medications and topical applications. The patient predominantly presents *Kapha* predominant symptoms, necessitating *Kapha*-alleviating treatment. Considering the symptoms of individual *Kushta rogas* as explained in classics, the formation of *Krimi* (worm infestation) is a common complication, particularly in *Kapha* and *Pitta* predominant *Kushta* types. Therefore, *Krimihara*

Chikitsa (disinfection treatment) was also considered. Additionally, *Tikta Rasa* (bitter-tasting) *Dravyas* (substances) were used, as the involvement of *Rakta* is significant in the pathogenesis of *Kushta*.

The use of *Gandhaka* (sulphur) is explained by various *Acharyas* (Ayurvedic scholars) for managing *Kushta Roga*. *Suddha Gandhaka* (purified sulphur) is directly indicated for skin diseases and is also known for its *Agnidipana* (appetizing action), *Amapachana* (Digestive action), *Vishahara* (neutralization of poisons), *Kaphahara* and *Kruminashaka* (disinfection) properties.^[10] In cases of chronic skin conditions, prolonged use of *Gandhaka Rasayana* in smaller doses serves as a *Rasayana* (rejuvenating action), promoting skin health and preventing disease recurrence.^[11] The combination also contains *Chaturjata*, which primarily exhibits *Kaphavatahara* properties, among these *Nagakesara* (*Mesua ferrea* Linn) is of mainly *Kushtahara* action. Another key ingredient, *Bhringaraja* (*Eclipta prostrata*) is also recognized for its *Kushtahara* effects.^[12] Research shows that these possesses antioxidant, anti-inflammatory, and anti-proliferative activities.^[13] Together, this formulation effectively alleviates symptoms like itching and can contribute to the reduction of lesions.

Kaishora Guggulu is a classical Ayurvedic formulation used for managing *Kushta Roga*.^[13] It contains mainly

Triphala, *Guduchi*, *Trivrit*, *Danti*, *Trikatu*, and *Guggulu*, each contributing to its therapeutic efficacy. *Triphala* and *Guggulu* possess antioxidant properties that help combat oxidative stress and inflammation.^[14-17] With its *Tikta rasa* (bitter taste) property, *Guduchi* alleviates *Rakta Dushti* and helps in *Kushta Roga*.^[18] *Trikatu*, a combination of *Pippali*, *Maricha*, and *Shunthi*, reduces *Kapha*, improves digestion, and is also especially indicated in *Kushta roga*.^[19] *Trivrit* and *Danti*, both purgatives, which can correct *Pachaka Pitta*, purify *Raktadhatu*, and support detoxification.^[20] Through its blood-purifying and *Dosha*-balancing actions, *Kaishora Guggulu* effectively addresses the root cause and symptoms.

Sidhardhaka Snana Choornam contains *Mustha*, *Triphala*, *Madana*, *Karanja*, *Aragwadha*, *Kalinga Beeja*, *Sapthahwa*, *Kushta*, *Mustha*, and *Darvi*, and is indicated for *Twak Dosha* and *Kushta Roga*.^[21] The ingredients of this formulation are commonly used for external applications in managing different skin conditions. *Mustha* is recommended as *Avachoorana* (dusting powder) in *Kushta Chikitsa* and other drugs to reduce *Kandu* (itching).^[22] *Madana phala* is also *Kushtaghana* and *Vrana shodhaka*.^[23] *Triphala* is recognized for its *Kushtahara*, *Ropana*, and *Kantuhara* action.^[24] *Aragwadha twak* is also considered *Kushtahara* and *Pitha-Kapha Hara*.^[25] This makes this combination effective in these conditions and helps reduce the signs and symptoms.

Tankana Bhasma (borax) is recognized for its strong *Kshara Guna* (alkaline property) and is regarded as an effective antiseptic, antimicrobial and anti-inflammatory agent.^[26] Its properties include *Katu Rasa* (pungent taste), *Teekshna* (sharpness), *Ruksha Guna* (dryness), *Ushna Veerya* (hot potency), *Katu Vipaka* (pungent post-digestive state), *Kaphaghna* (*Kapha*-reducing), and *Vata Shamana* (*Vata*-pacifying), which make it suitable for the condition.^[27]

Marichyadi Tailam is a commonly used Ayurvedic preparation with a base of *Sarshapa Taila* (mustard oil), specifically applied in *Kapha*-related skin conditions. Its ingredients include *Maricha*, *Haritala*, *Trivrit*, *Raktachandana*, *Musta*, *Manashila*, *Jatamansi*, *Haridra*, *Daruharidra*, *Vishala*, *Karveera*, *Gomutra*, and *Gomayarasa*.^[28] Among these, *Haritala* is *Katu* (pungent), *Tikta* (bitter), and *Kashaya* (astringent) *rasa*, is *Ushna Veerya* (hot potency), and exhibits *Kandughna* (anti-itching) and *Kushthaghna* (anti-skin disease) actions.^[29] *Manashila*, another significant ingredient, is particularly effective in *Kapha*-related conditions with itching. It has *Katu* and *Tikta rasa*, *Ushna Veerya*, and demonstrates *Lekhana* (scraping) action.^[30] *Gomutra*, known for its *Katu rasa*, *Tikshna* (sharp), and *Ushna* (hot) qualities, acts as a *Vata*-*Kapha*-*hara*, while the base *Sarshapa Taila*, with its

Ushna, *Tikshna*, *Lekhana*, *Kandughna*, and *Kushthaghna* actions, further enhances the formulation's effectiveness in this condition.^[31,32] This combination of *Marichyadi Taila* is a potent remedy for *Kapha*-dominant skin conditions, providing relief through its combined *Lekhana*, *Kaphahara*, and *Kushthahara* actions.

All these combinations of these medicines can cause the *Samprapti vighatana*, which reduces *Kapha dosha*, reduces itching, and resolves lesions.

CONCLUSION

This case study demonstrates the potential of *Dosha*-specific Ayurvedic interventions in managing Papular Dermatitis, providing symptomatic relief, and reducing lesions. While these results are promising, a single study cannot determine the overall effectiveness of this approach. Future research with larger sample sizes and controlled studies is necessary to validate the role of Ayurvedic principles in the treatment of skin diseases and to establish standardized protocols for broader application.

Declaration of patient consent

The authors certify that they have obtained informed consent from the patient for reporting the case, including the use of images and clinical information in the journal. The patient understands that their name and initials will not be published and that efforts will be made to protect their identity; however, complete anonymity cannot be guaranteed.

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