



Review Article

PSYCHODERMATOLOGY: AN INTEGRATIVE OVERVIEW HIGHLIGHTING THE ROLE OF AYURVEDA

Komal Dhiman^{1*}, Pawan Singh Rawat², Chhavi³

¹Assistant Professor, Department of Kaumarbhritya, ³Assistant Professor, Department of Shalya Tantra, Uttaranchal Medical College of Ayurveda and Research, Dehradun (UAU), Uttarakhand.

²Assistant Professor, Department of Swasthwritta and Yoga, Uttaranchal Ayurvedic College, Dehradun (UAU).

Article info

Article History:

Received: 28-02-2026

Accepted: 26-03-2026

Published: 06-05-2026

KEYWORDS:

Ayurveda,
Shodhana Chikitsa,
Shamana Chikitsa,
Panchakarma.

ABSTRACT


Psychodermatology is an interesting domain of dermatology that overlaps with psychiatry. It addresses the biological underpinnings and clinical expression on the platform of the link between the skin and the psyche. **Aim and Objective:** To explore the relationship between *Twacha*, *Vata*, and *Mann* and explain the Ayurvedic approach to psychodermatology. **Methods:** A review of Ayurvedic texts and contemporary science to understand the relationship between *Vata Dosha* imbalances, skin conditions, and mental health. The effectiveness of *Yoga*, meditation, and counselling in balancing *Vata* and improving skin conditions. **Discussion-** Stress, anxiety, sadness, and emotional disturbances are frequently strongly linked to conditions like psoriasis, atopic dermatitis, acne, vitiligo, urticaria, and alopecia areata. The ancient holistic medical system known as Ayurveda integrates the concepts of *Sharira* (body), *Manas* (mind), and *Atma* (consciousness) to provide a comprehensive understanding of psychodermatological problems. **Conclusion-** *Vata* imbalances can cause skin problems as well as have an impact on mental health. Ayurveda emphasizes a biopsychosocial approach in management, incorporating *Shodhana* (*Panchkarma* purificatory therapies), *Shamana* (palliative treatments), *Rasayana* therapy, *Satvavajaya Chikitsa* (psychotherapy), dietary regulation, lifestyle modification, and practices such as *Yoga* and meditation. This integrative approach not only targets the cutaneous manifestations but also addresses the underlying psychological and emotional imbalances, thereby improving quality of life and treatment outcomes.

INTRODUCTION

The disease-prevention and health-promotion approach of 'Ayurveda', which considers the whole body, mind, and spirit in maintaining health, promoting health, and treating ailments, is holistic and is increasingly accepted in many regions of the world. Among many Indian people, culture, religion, the belief in karma, and the tendency to prefer indigenous medical systems can all have a major impact on lifestyle, as well as the approach to managing various diseases, including dermatologic conditions.

Historical perspective: The first recorded case of psychodermatosis dates back to 1700 B.C., when the physicians to the prince of Persia speculated that the prince's psoriasis was caused by anxiety over succeeding his father to the throne.^[1] Further, 62 years have passed since Emotional Factors in Skin Disease was published. Since then, physicians and dermatologists in particular have steadily become aware of the impact of an individual's emotional states on skin diseases and how the skin can reflect, like a mirror, their psychological state. It should come as no surprise that these two structures have a common origin in the ectoderm.

The roots of psychodermatology in India can be traced to the period of Buddha (circa 563-483 BC).^[2] There is mention of Buddha's chief attendant's sister suffering from a debilitating and socially embarrassing skin disease. Buddha himself treated her

Access this article online	
Quick Response Code	https://doi.org/10.47070/ayushdhara.v13i2.2638
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

by teaching her how to control her emotions, especially anger (to which he linked the condition), through controlling her mind. This may be considered the first reported practice of psychodermatology in South Asia.

MATERIAL AND METHODS

In Ayurvedic texts, skin is described as one of the five '*Gyanendriyas*', an organ that is responsible for *Sparsha 'Gyan'* or touch sensation. Therefore, it plays a major role in the physical and mental well-being of an individual. Patients with the skin disorder always experience physical, mental, and socio-economic embarrassment in society. This embarrassment leads to mental stress, which further causes aggravation of pre-existing disease.^[3]

Ayurveda is highlighted as a holistic system that focuses on preventing and promoting stress and mental health, and on maintaining a healthy balance between *Manas* and *Sharira* (mind & body). The psychological/psychodermatological approach to managing skin diseases (*Kushtha roga*) in Ayurveda includes various pharmacological and non-pharmacological tools. Pharmacological tools include mainly the use of *Rasayanas*. Non-pharmacological tools include *Daivavyapashraya* and *Satvavajaya Chikitsa*. These have a positive impact on *Manas* and directly or indirectly lead to a reduction in stress.

Ayu is a conjunction of *Shareera*, *Indriya*, *Satva* and *Aatma*, which signifies the concept of psychosomatism in Ayurveda^[5]. Acharya Charaka has described the skin (*Twacha*) as '*Chetah Samvaayi*,' i.e., the skin has an eternal relationship with *Manas* (psyche/mind).^[4] Therefore, any mental stress due to any cause has a direct impact on the skin. Thus, we can say that stress and skin diseases have an eternal relationship with each other.

Acharya Gayadas has described improper food and improper conduct as the etiology of skin disease (*Kushtha roga*). He further categorizes the improper conduct into 3 groups: physical, verbal, and mental.^[5]

Skin diseases and psychosocial stress- Skin and mind grossly differ from each other, but share some similar characteristics. Psychiatry is more focused on the "internal" invisible disease, and dermatology is focused on the "external" visible disease. Connecting the two disciplines is a complex interplay between neuroendocrine and immune systems that has been described as the NICS, or the Neuro-immunocutaneous system. The interaction between the nervous system, skin, and immunity has been explained by the release of mediators from NICS.^[6]

In examining distressed patients with a flare-up of a real skin disorder, such as eczema, it is important to determine how much of the emotional

distress is psychosomatic and how much of it is somatopsychic in nature. A psychosomatic problem refers to a situation whereby external stresses, such as occupational difficulty or family problems, lead to worsening of the skin disease. Sometimes, both psychosomatic and somatopsychic elements may be active in creating a vicious cycle that perpetuates the flare-up of the skin disease.

Dermatologists and primary care physicians frequently encounter important psychiatric issues affecting the diagnosis and management of patients with dermatological complaints. Psychiatrists are confronted with frequent pruritus and rashes in their patients. A study of psychiatric inpatients, excluding those with known skin diseases, found that 33% of patients reported itching.^[7]

It has been found that depression scores among psoriasis patients and the severity of skin disorders correlate directly with the severity of depression and frequency of suicidal ideation.^[8,9] In a cross-sectional survey, a 2.5% prevalence of suicidal ideation was observed among less severely affected psoriasis outpatients, in contrast to 7.2% suicidal ideation among the more severely affected inpatients of psoriasis.^[10]

Acne vulgaris is the most common dermatological condition encountered in adolescents. It affects almost 85% of people 12–24 years of age. It commonly affects young people when they are undergoing maximum psychological, social, and physical changes. Acne commonly involves the face. Facial appearance represents important aspects of one's perception of body image. Therefore, it is not surprising that a susceptible individual with facial acne may develop a significant psychosocial disability. Even mild acne can pose a significant problem for some patients, diminishing their quality of life and, in some cases, their social functioning.^[11]

Most patients with psoriasis experience unpredictable exacerbations throughout life. The pathogenesis of psoriasis appears to involve genetic and environmental factors influencing the body's systems of skin repair, inflammatory defense mechanisms, and immunity.^[12,13]

Higher anxiety and depressive symptoms have been reported in patients with atopic dermatitis.

The anxiety may be a feature of an underlying depressive illness in some of these patients.^[14]

Hypothalamic-Pituitary-Adrenal (HPA) Axis- Corticotropin hormone (CRH) is a central component of the HPA axis and regulates the expression of pro-opiomelanocortin (POMC) and POMC-derived peptides [adrenocorticotropin (ACTH), melanocyte-stimulating hormone (MSH), and endorphin] from the anterior

pituitary gland. During an acute stress response, the paraventricular nucleus of the hypothalamus releases CRH. CRH then acts on the pituitary gland to induce a release of adrenocorticotrophic hormone (ACTH), which in turn causes the adrenal cortex to release cortisol. CRH, the main co-ordinator of the stress response, can be secreted by various skin cells, including epidermal and hair follicle keratinocytes, sebocytes, and mast cells. CRH has a pleotropic effect in the skin depending on the cell type and experimental growth conditions. CRH-R1 activation, which modulates proliferation, differentiation, apoptosis, and proor anti-inflammatory activities of skin cells.

Sympathetic-adrenal medullary system: Its activation causes central sympathetic discharge and peripheral sympathetic outflow, resulting in secretion

of NE (Norepinephrine) from nerve fibre terminals and adrenaline (or epinephrine), which is secreted from the adrenal medulla. During the stress response, both molecules are invariably present in the circulation. The main mechanism involved in response to stress in the skin is sympathetically mediated active vasodilatation. The best evidence existing now for this vasodilatation points to sympathetically released cholinergic co-transmitter and nitric oxide. Schematic presentation of the various factors originating from stress and leading to various types of Skin diseases through the activation of the HPA axis and PNS, which may affect the skin directly or through modulation of the immune system, was as per figure-

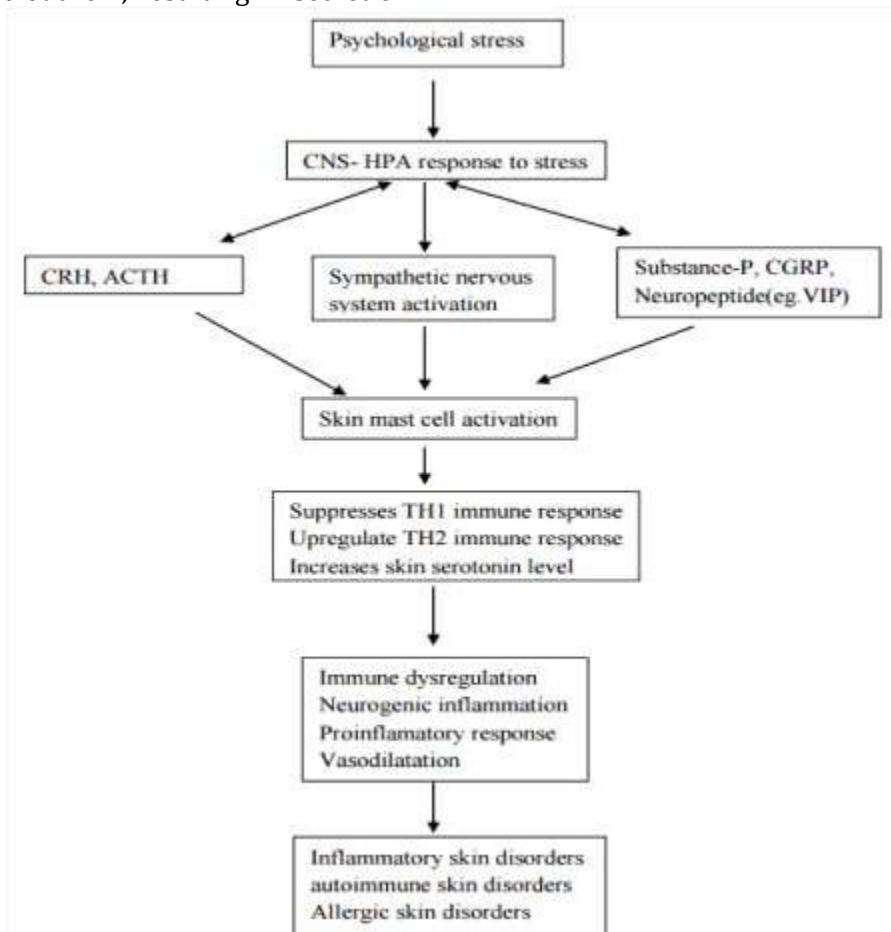


Figure - Schematic presentation of the various factors originating from stress and leading to various types of Skin diseases through the activation of the HPA axis and PNS, which may affect the skin directly or through modulation of the immune system. VIP = Vasoactive intestinal polypeptide, CGRP = Calcitonin gene-related peptide, CRH = Corticotropin. ACTH - Adrenocorticotrophic Hormone.

Ayurvedic management

Ayurveda, being a holistic science, establishes the relation between skin and mind. Various treatment approaches in Ayurveda focus on eliminating disease from its root and providing a sense of well-being. Management of psychocutaneous disorders in Ayurveda aims at a multidimensional approach,

Daivavyaprashaya, Yuktiyaprashaya, and Sattwavajaya [15].

Daivavapryashraya chikitsa includes chanting *Mantras, Mani dhaaran, Mangal karma, Homa, and Upvasa*. All these ritual activities directly or indirectly exert a positive impact on the mind and therefore,

cause stress reduction and the abolition of negative thoughts like suicidal ideations. *Sattvavajaya*, in principle, is full-fledged psychotherapy, which has been described in Ayurvedic literature. Charak defines it as “*Satvavajaya punah Ahitebhyo Arthebhyo Manognigrah*”.

Means a method of restraining or withdrawal of the mind from unwholesome objects (*Arthas*).^[16] This is secured best by restraining the mind from unwholesome objects, directing it towards wholesome objects, and the cultivation of *Gyana, Vighaya, Dhairya, Smriti, and Samadhi*. All the measures help in developing control over the *Manas* or mind, which is always unstable. Ultimately, these modalities improve the quality of life (QOL) in patients with skin diseases (*Kushtha roga*) and thus help these patients cope with skin diseases.

DISCUSSION

Psychodermatology covers all aspects of how the mind and body interact in relation to the onset, formation, and progression of skin disease. The subject is best regarded as a global term, used to encompass the wide and diverse relationships that have been recognized to exist between the two disciplines, psychology and dermatology. Ayurveda has given more emphasis to this aspect of causation and management.

According to the viewpoint of Ayurveda, the pharmacological therapy for such types of psychosomatic disorders includes *Rasayana* (rejuvenation) therapy. *Rasayana chikitsa*, as described in Ayurveda, nourishes the body, boosts immunity, and helps to keep the body and mind in the best of health. It is a multi-angled approach, taking care of body, mind, and spirit, thus affecting the total well-being of the individual. It seems that the *Rasayana* acts at three levels of the bio - system to promote nutrition, at the level of *Agni* by promoting digestion and metabolism, at the level of *Shrotas* by promoting microcirculation and tissue perfusion, and at the level of *Rasa* itself by acting as direct nutrition. Thus, the *Rasayana* remedies act essentially on nutrition dynamics and rejuvenate both the body and psyche.

With three different types of therapies, *Yuktivyapashraya, Daivavyapashraya, and Satwavajaya* Ayurveda provide diverse methods and approaches for dealing with all possible difficulties in health and well-being. Ayurveda is a precise and comprehensive tool for healing physical and psychological well-being and promoting optimal health, energy, and vitality. Thus, it is revealed that if a *Daivavyapashraya* line of treatment is adopted along with *Yuktivyapashraya* and *Satwavajaya chikitsa*, then the skin diseases can easily be cured.

CONCLUSION

The skin is a vital organ of communication, and the role of skin as an organ of communication remains important throughout life. Psychodermatology covers all aspects of how the mind and body interact in relation to the onset, formation, and progression of skin disease. It has been estimated that the effective management of at least one-third of patients visiting a dermatologist depends to some extent upon the recognition of emotional factors. Most of such type of chronic disease raises two principal problems, preservation of the quality of life and therapeutic compliance. The Management of psychodermatological disorders in Ayurveda involves various therapies and lifestyle modifications that preserve mental balance and healthy skin.

REFERENCES

1. Shafii, M., & Shafii, S. Exploratory psychotherapy in the treatment of psoriasis. Twelve hundred years ago. Archives of general psychiatry 1979; 36(11): 1242-1245.
2. J. Rodriguez-Cerdeira *et al.* Psychodermatology: past, present, and future. The Open Dermatology Journal, 2011, 5, 21-27
3. Satyapal Singh, J.S. Tripathi, N.P. Rai. An Overview of Ayurvedic and Contemporary Approaches to Psychodermatology. Pharmacology and Journal of Phytomedicine research, 2014; 3(4): 286.
4. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Varanasi: Chaukhambha Bharati Academy; 2005.
5. Gayadas. Sushruta Samhita. Varanasi: Chaukhambha Orientalia; 2009.
6. Misery L. Neuro-immuno-cutaneous system (NICS) Pathol Biol (Paris) 1996; 44: 867-874.
7. Mazeh D, Melamed Y, Cholostoy A, Aharonovitch V, Weizman A, Yosipovitch G. Itching in the psychiatric ward. Acta Derm Venereol 2008; 88(2): 128-131.
8. Gupta, MA, and Gupta AK. Depression and suicidal ideation in dermatology patients with acne, alopecia areata, atopic dermatitis, and psoriasis. British Journal of Dermatology 1998; 139(5): 846-850.
9. Gupta, MA, Schork, NJ, Gupta, AK, Kirkby, S & ellis, CN. Suicidal ideation in psoriasis. International Journal of Dermatology, 1993; 32: 188-190.
10. Gupta, MA, and Gupta AK. Depression and suicidal ideation in dermatology patients with acne, alopecia areata, atopic dermatitis, and psoriasis. British Journal of Dermatology 1998; 139(5): 846-850.

11. Lasek RJ, Chren MM. Acne vulgaris and the quality of life of adult dermatology patients. Arch Dermatol 1998; 134: 454-458.
12. Arnold L. Dermatology. Washington, DC: American Psychiatric Publishing; 2007.
13. Calvin O. McCall, Thomas J. Lawley. Eczema, Psoriasis, Cutaneous infections, Acne, and other common skin disorders. In: Anthony S. Fauci et al, editors. Harrison's Principles of Internal Medicine. 17th edition. New Delhi: McGraw-Hill Companies; 2008.
14. Ullman, KC, Moore, RW, and Reidy, M. Atopic eczema: a clinical psychiatric study. Journal of Asthma Research 1977; 14: 91-99.
15. Kavyashree K, Savitha HP, Shrilata, Suhas Kumar Shetty. Psychocutaneous Disorders in Ayurveda- An Appraisal. Journal of Ayurveda and Holistic Medicine, 2017; Volume - V.
16. Agnivesha, Charaka, Charaka Samhita. Dridhabala. Varanasi: Chaukhamba Bharati Academy; 2005.

Cite this article as:

Komal Dhiman, Pawan Singh Rawat, Chhavi. Psychodermatology: An Integrative Overview Highlighting the Role of Ayurveda. AYUSHDHARA, 2026;13(2):487-491.

<https://doi.org/10.47070/ayushdhara.v13i2.2638>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Komal Dhiman

Assistant Professor

Department of Kaumarbhritya
Uttaranchal Medical College of

Ayurveda and Research, Dehradun
(UAU)

Email: dhimankomal999@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.

