AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

A CASE REPORT ON AYURVEDA MANAGEMENT OF PRURIGO NODULARIS

K. A. Anjali[1]*, Wilson Mekha[1], S. Gopikrishna[2]
*[1]PG Scholar, [2]Professor, Department of Agadatantra, VPSV Ayurveda College, Kottakkal, Kerala, India.

Article info
Article History:
Received: 25-04-2026
Accepted: 24-05-2026
Published: 08-07-2026
KEYWORDS:
Prurigo Nodularis, *Kardama Visarpa, Visarpahari Kashaya,* Ayurveda.

ABSTRACT

Prurigo nodularis is a chronic dermatological disorder characterized by intensely pruritic, hyperkeratotic nodules associated with excoriation, secondary infection, and significant impairment in quality of life. Conventional management often provides only symptomatic relief with frequent recurrence. In Ayurveda, similar clinical presentations can be understood under the spectrum of *Raktapradoshaja vikara* and *Visarpa* with predominance of *Pitta* and *Kapha dosha* along with *Rakta* and *Mamsa dhatu* involvement. The present case report highlights the Ayurvedic management of a 19-year-old female patient who presented with multiple hyperpigmented nodular eruptions associated with severe itching, burning sensation, and serous discharge persisting for ten years. The treatment protocol adopted was a multimodal approach including *Deepana-Pachana*, *Shamana*, *Shodhana*, and external therapies. *Shodhana* procedures including *Vamana* and *Virechana* were performed in a planned sequence followed by *Peyadi* and *Samsarjana Krama* respectively. Assessment was carried out using subjective and objective parameters including pruritus grading, lesion characteristics, oozing, and quality-of-life indices. Marked reduction in itching, discharge, redness, and nodular induration were observed. The patient also showed significant improvement in sleep and daily functional capacity. This case demonstrates that an integrative Ayurvedic approach can effectively manage chronic pruritic dermatoses like prurigo nodularis and improve patient quality of life.

INTRODUCTION

Prurigo nodularis (PN) is a chronic disorder of the skin that is classically seen as multiple, firm, flesh-to-pink-colored nodules commonly located on the extensor surfaces of the extremities. It is commonly associated with another disorder of cutaneous hypersensitivity, such as atopic dermatitis or chronic pruritus of diverse origins[1]. The itching of PN is typically episodic, severe, and uncontrollable; it tends to occur at discrete points that eventually transform into hyperpigmented nodular plaques with excoriations, crusting, and sometimes secondary bacterial infection. The lesions can begin as normal skin or areas of xerosis; patients will scratch them due to pruritus until the dome-shaped nodule forms.

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v13i3.2707

Typically, the lesions are found symmetrically on the extensor surfaces of the arm and legs [2]. Areas of the body that are difficult to reach, such as the upper mid-back, are usually spared from PN lesions, a finding called the "butterfly sign." It can be sporadic or continuous and can increase with sweating, clothing irritation, or heat. In addition to pruritic sensations, patients can experience burning, stinging, and alterations in lesional temperature [3].

In Ayurveda, skin manifestations are explained under *Raktapradoshajanya vikara, Kusta, Visarpa* etc. Here the patient was presented with nodular pruritic lesions which spreads over whole body as explained in *Visarpa*. The lesions were of *Pitta* and *Kapha* predominance with features of *Kardama visarpa*. *Pitta kapha samana* line of treatment were opted along with *Vrana sodhana ropana* and *Visarpahara chikitsa*.

Case summary

A 19-year-old female patient was suffering with hyperpigmented nodules associated with intense itching and serous discharge all over body for 10 years.

Skin lesions were first noticed as painful fissures over both plantar aspect when she was 5 years old. She took medications but the condition worsened with severe pruritus all over the body which resulted in appearance of hyper keratinized raised multiple, discrete papular eruptions over both upper limbs, lower limbs and trunk. She noticed exacerbation of skin lesion and itching during the night and her menstrual period. Whenever the lesions turn pinkish and associated with copious discharge from the lesions, the patient becomes unable to sleep or even wear clothes. She was treated with anti- histamines, topical corticosteroids, antidepressants and systemic steroids. But there was no improvement noticed by the patient. Her skin conditions worsened so that she became unfit for doing day to day activities which eventually led her to anxiety.

Past history

Patient was born with generalized Ichthyotic skin and had a history of epileptic attack and was under anti- epileptic medications since three years of age.

Family history

Elder brother had cracking and fissuring over both plantar aspects.

Personal history

Ahara (diet): Mostly follows non vegetarian diet along with curd and pickle.

(aggravate *Rakta* and *Pitta*)

Vihara (lifestyle): *Avyayama seela, Ratrijagarana*

Sleep: Disturbed due to itching and pain (aggravates *Vata*).

Micturition: 3 to 5 times in a day.

Bowel habits: constipated and irregular (once in three days).

Habit: Intake of fried chips items.

Addiction: Nil

Table 1: Physical Examination

Inspection	Primary lesion	Nodular
	Colour	Erythematous
	Site	Whole body
	Shape	Circular
	Number	Multiple
	Symmetry	Symmetrical
	Hair, nail	No abnormality
	Secondary lesion	Excoriations
Palpation	Temperature	Raised
	Moisture	Present
Sign	Butterfly sign[4]	Positive (a spared area over mid upper back region indicates the region which is hard to reach by the patient)

Before treatment

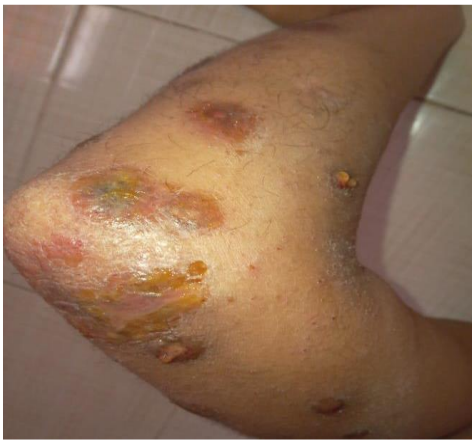

Fig. 1

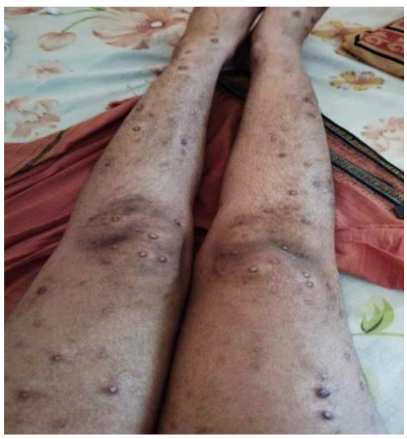

Fig. 2

Fig. 1, Fig. 2- Before treatment. Multiple, erythematous Nodules associated with blood-stained pus.

Table 2: *Ashtasthana pareeksha*

S.no	*Ashtastana*	Observation
1	*Nadi*	*Hamsa gati - Kapha pitta*
2	*Mutra*	*Peetha varnam*
3	*Malam*	*Peetham*
4	*Jihwa*	*Syama atipichila*
5	*Drik*	*Jalardra, Jyothisha heena*
6	*Sabda*	*Sphuta*
7	*Sparsha*	*Ushna*
8	*akriti*	*Sphutitha kesa gathra*

Pathophysiology and *Samprapthi*

Due to ichthyotic skin associated with severe itching along with *Desa virudha ahara sevana* (residing in *Anupa desa* and consumption of *Abhishyandi* and *Vidahi ahara*)

↓

Agni dushti

↓

Pitta and *Kapha* vitiation

↓

Vitiation of *Rasa, Rakta* and *Mamsa*

↓

Sthana samsraya and *Vyakta* at *Twak* and disease manifestation

Table 3: Comparison of symptoms present with patient with respect to *Kardama visarpa* and prurigo nodularis

Literature of *Kardama visarpa*	Literature of prurigo nodularis	Symptoms in patient
'*Piṭakairavakīrṇo atipītalohitapāṇḍuraiḥ*' Studded with eruptions which are yellowish, red, yellowish white[5]	PN presents with firm, dome shaped, pruritic nodules that vary from few millimeter to centimeters. Colour of nodules in PN varies from flesh coloured, Erythematous pink, brown or black	Patient present with severe pruritic, stinging pinkish nodules along with burning sensation. later the nodules become hyper pigmented

Table 4: Timeline of intervention and follow up

Date	Complaints	medication
29/09/25	Itchy, foul smelling erythematous nodular lesions with oozing of blood mixed pus over both upper limbs, lower limbs and trunk.	1. *Chitrakadi vati* 1 tid a/f 2. *Agnitundi vati* 1 tid a/f 3. *Nalpamaradi Kashaya dhara*
2/10/25	foul smelling reduced. But itchy erythematous nodular lesion with oozing still persists.	1. *Rasasindhooram* cap 1 bd b/f 2. *Thriphala guggulu* 3. *Guluchyadi kashayam*
5/10/2025	Itchy nodular lesions with redness and burning sensation persists. oozing reduced.	1. *Kashayadhara* with *Lodhrasevyadi Kashaya* 2. *Laghusutasekhara rasa* 3. *Pravala panchamrita rasa*

		4. *Visarpahari kashyam* 5. *Thrisodhini kashayam*
1/11/25	Redness and burning sensation reduced. Itching still persists. Oozing from nodules decreased.	*Vamana*– With *Yashti Kashaya, Vacha* and honey (intake of plain ghee along with *Kanji* just before *Vamana*).
2/11/25 to 3/11/25		*Samsarjana krama*
4/11/25	Oozing and itching reduced. Redness and burning sensation completely relieved. Induration over nodules persists.	1. *Lodhrasevyadi Kashaya dhara* 2. *Visarphari kashayam* 3. *Thrisodhini kashayam*
6/11/25 to 7/11/25	Itching and oozing reduced. Feeling of dryness over skin. Induration over nodules persists.	*Vicharana snehapana* with *patoladi ghritam*
8/11/25	Itching and dryness reduced. Induration over nodules reduced.	*Virechana* with *Avipatti churnam*
9/11/25		*Samsarjana krama*
10/11/25	Discharge	Follow up medicines: 1. *Visarpahari kashayam* -90 ml bd b/f 2. *Avipatty churna*- 1 tsp hs 3. *laghusutasekhara rasa*- 1 bd b/f 4. *Pravalapanchamrita rasa*- 1 bd b/f 5. *Tiktaka ghrita*- 1 tsp bd along with tablets

After treatment

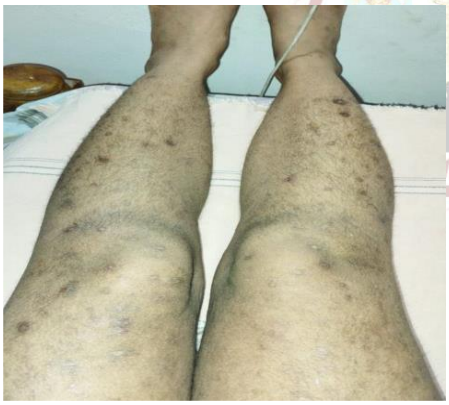

Fig. 3

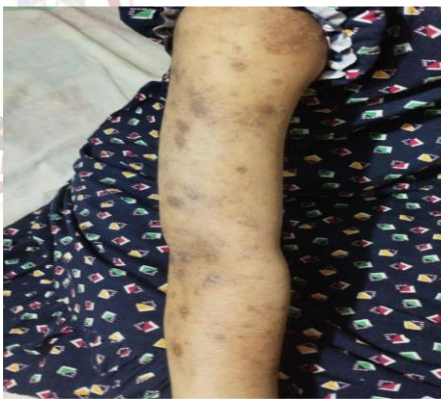

Fig. 4

Figure 3, Figure 4 – After treatment. Oozing and nodules subsided.

Table 5: Dietary regimens

Pathya	*Tiktha rasa pradhana, Avidahi, Anabhishyandi, Laghu, Kapha Pittahara ahara*	Steam cooked food, carrot, beetroot, bitter gourd, pomegranate, gooseberry, mudga
Apathya	*Atilavana, Atyamla, Guru, Atisnigdha, Asatmya ahara*	Chinese food, pasta, pizza, curd, non-vegetarian food, yeast added foods, bread, maida, paneer, spicy and fried foods

RESULT

Table 6: Subjective assessment

Scales	Before treatment	After treatment	Follow up
Dynamic pruritus score (DPS)	1	6	7
Dermatological life quality index	23	9	4
Pruritus severity scale	21	15	9

Table 7: Objective assessment

Symptoms	Before treatment	After treatment	Follow up
Itching	Severe	Moderate	Mild
Nodules	Severe	Mild	Mild
Oozing	Severe	Mild	Nil
Bleeding	Moderate	nil	Nil

Visarpahari Kashaya

"Mustanimba-patolānāṃ candanotpalyorapi |
Sārivāmalakośīra-mustānāṃ vā vicakṣaṇaḥ || 54 ||
Kaṣāyān pāyayedvaidyaḥ siddhān vīsarpanaśanān |" [6]

Charaka has explained many *Yogas* in *Visarpa chikitsa adyaya* which we haven't explored yet. Here we have selected one such yoga with *Visarpahara* action consist of drugs with *Seeta veerya, Ruksha guna, Tikta Kashaya pradhana rasa* and *Raktasodhaka* action. Patient shown good response to this *Kashaya yoga* and got relief from itching, burning sensation and oozing.

Table 8: Action of drugs present in *Visarpahari kashaya*

Drug	Action
Musta[7]	*Kaphapittahara, Twakdoshahara, Vishagna,Sothahara, Krimighna, Raktaprasadana, Vranaghna*
Nimba [8]	*Pittakaphasamaka, Vranaropana,Vranasodhaka, Kandughna, Kushtahara*
Patola [9]	*Kaphapittahara, Sukhavirechaka, Hrdya*
Chandana [10]	*Raktapittahara, Raktaprasadana, Vishagna*
Utpala [11]	*Raktapittahara, Vishahara, Sodhahara, Raktaprasadaka*
Amalaka [12]	*Pittapradana Tridoshahara, Kushtaghna, Rasayana, Visarpahara*
Ushira [13]	*Kaphapittahara, Vishahara, Dourgandhyahara, Visarpahara, Vranaropana, Kushtaghna*
Sariva [14]	*Tridoshasamana, Kandughna, Dourgandhyanasaka*

DISCUSSION

Virechana Karma effectively cleanses the *Kostha* by expelling vitiated *Doshas* from the body, thereby helping to restore *Dosha* and *Dhatu Samya* (physiological equilibrium or homeostasis). This process facilitates the restoration and reconstruction of body tissues, enhances immune function, and purifies the *Srotas* (micro-circulatory channels). Consequently, *Virechana* plays a vital role in the management of skin disorders.

Virechana therapy is particularly indicated and highly beneficial for detoxification in conditions associated with the accumulation of *Pitta Dosha*, such as various skin diseases, blisters, abscesses, and inflammatory lesions. Since most dermatological disorders are primarily caused by the vitiation of *Pitta Dosha* and *Rakta Dhatu*, *Virechana* is considered one of the most effective *Shodhana* therapies for their management**.** Here we adopted a *Nitya virechana* line of management using *Trisodhini* and later replaced with *Avipatty churna*.

Trisodhini consist of *trivrt, danti* and *triphala* which is a potent *Virechana yoga* mentioned in the context of *Kushta*. GC-MS study of *Avipatty churna* contains β-Sitosterol, retinoid like compounds (retinal, 9-cis-retinal), ursodeoxycholic acid, butyl esters, tocopherol like compounds etc. β-Sitosterol stabilize cell membrane and suppresses inflammatory mediators, reducing redness and itching. Retinoids

bind to nuclear retinoic acid receptors, normalizing epidermal turnover and improves hyperkeratosis. Ursodeoxycholic acid stabilizes mitochondrial membrane and reduces reactive oxygen species protecting skin cells from inflammatory damage. [15]

Nalpamaradi Kashaya was used for *Kashayadhara* initially which is explained in *Prayogasamuchaya Panchama paaricheda* in the context of *Mandali visha chikitsa*. But presence of *Neeli* in *Nalpamaradi Kashaya* resulted in burning sensation in patient. So, we replaced *Nalpamaradi Kashaya* with *Lodhrasevyadi Kashaya*. Drugs present *Lodhrasevyadi* are *Kapha Pittahara,* and most of the drugs have *Vrana Ropana*, *Vishagna*, *Kushtanga* and *Varnya* properties. Clinically this *Yoga* is administered in *Lootha Visha* and other conditions where *Pitta Dosha* is predominant like *Visarpa*.

Agnitundi vati and *Chitrakadi vati* were given for *Amapachana* and *Deepana* in initial stages itself. *Kashayadhara* was chosen for external *Rookshana.* Since there is chance of exacerbation of condition, *Ghritapana* was avoided before doing *Sodhana* procedures. Instead *Sadyasneha* was given before *Vamana*. For *Vamana yashti Kashaya*, *Vacha* and honey was given.

When administered in combination, *Triphala Guggulu* and *Rasasindoora* exhibit synergistic therapeutic action. *Triphala Guggulu* primarily addresses local pathology through anti-inflammatory, blood-purifying, and wound-healing mechanisms, while *Rasasindoora* enhances systemic response, drug delivery, and tissue immunity. This combined approach effectively interrupts the *Samprapti* at multiple levels- *Dosha, Dhatu,* and *Srotas*. Clinically, this synergy results in reduction of *Daha, Raga, Shotha,* and *Toda,* control of lesion spread, prevention of suppuration, and acceleration of healing. The formulation combination thus proves rational and effective in the comprehensive management of *Visarpa*.

Pravala Panchamrita Rasa predominantly acts at the level of *Rakta* and *Twak* by cooling, soothing, and promoting tissue repair, while *Laghu Sutasekhara Rasa* corrects systemic *Pitta* imbalance and metabolic dysfunction. Together, they reduce itching by pacifying *Pitta-Kapha*, stabilizing *Rakta*, and alleviating local inflammation. Clinically, this combined regimen results in marked reduction in pruritus, burning sensation, and irritation, along with enhanced wound contraction, granulation, and epithelialization. The drugs also help prevent secondary infection and excessive exudation, thereby facilitating uncomplicated wound healing.

CONCLUSION

The present case report illustrates the successful management of chronic prurigo nodularis through classical Ayurvedic interventions planned on the basis of *Dosha* predominance and *Samprapti*. The condition was interpreted as *Kardama Visarpa* with *Pitta-Kapha* dominance and *Rakta-Mamsa dhatu* involvement. The combined internal and external therapies resulted in significant reduction in pruritus, oozing, erythema, and nodular thickness, along with improvement in the patient's quality of life. No adverse effects were noted during or after treatment.

This case underscores the potential of Ayurveda in managing chronic, treatment-resistant dermatological disorders through a holistic and individualized approach. However, larger clinical studies are required to validate these findings and establish standardized treatment protocols.

REFERENCES

1. Larson VA, Tang O, Stander S, Miller LS, Kang S, Kwatra SG. Association between prurigo nodularis and malignancy in middle-aged adults. J Am Acad Dermatol. 2019 Nov; 81(5): 1198-1201
2. Vaidya DC, Schwartz RA. Prurigo nodularis: a benign dermatosis derived from a persistent pruritus. Acta Dermatovenerol Croat. 2008; 16(1): 38-44
3. Iking A, Grundmann S, Chatzigeorgakidis E, Phan NQ, Klein D, Ständer S. Prurigo as a symptom of atopic and non-atopic diseases: aetiological survey in a consecutive cohort of 108 patients. J Eur Acad Dermatol Venereol. 2013 May; 27(5) :550-7
4. James WD, Elston DM, Treat JR, Rosenbach MA, Neuhaus IM. Andrews' Diseases of the Skin: Clinical Dermatology. 13th ed. Philadelphia: Elsevier; 2020.
5. Vaghbhata. Ashtangahridayam with commentaries of Arunadutta (Sarvaga sundara) and Hemadri (Ayurveda Rasayana). Varanasi: Chaukhambha Orientalia; 9th ed., 2002; Pp-521
6. Agnivesha, Charaka. Charaka Samhita, Chikitsa Sthana, Visarpa Chikitsa Adhyaya (Chapter on Visarpa), Verse 54. In: Acharya JT, editor. Varanasi: Chaukhambha Orientalia; 2011
7. Shri Bhaba Mishra, Bhavaprakasha Nighantu, commentary by K.C. Chunekar, Edited by Dr. G.S. Pandey, Edition: 2010. Chaukhambha Bharati Academy, Varanasi. P.232 & 253.
8. Prajwal CR, Nisarga KS, Anuradha KN. Comprehensive Review on Nimba (Azadirachta Indica a. Juss).
9. Narwade SS, Kulkarni JV, Ghotankar AM. Concept of Pittashamana Effect of Patola: A Review.

10. Kumar NM, Unnikrishnan V, Harinarayanan CM, Balachandran I. Chandana (Santalum album L.) in Ayurveda. In Indian Sandalwood: A Compendium 2022 Jan 11 (pp. 423-448). Singapore: Springer Nature Singapore.
11. Sarma H, Sahariah G, Bharadwaj A, Sharma D, Porasar P, Dutta KN. A systematic review on botanical background, phytochemical and pharmacological properties of Nymphaea nouchali. Journal of Applied Pharmaceutical Research. 2024 Dec 31; 12(6): 21-36.
12. Bhat PM, Umale H, Lahankar M. Amalaki: A review on functional and pharmacological properties. Journal of Pharmacognosy and phytochemistry. 2019; 8(3): 4378-82.
13. Zahoor S, Shahid S, Fatima U. Review of pharmacological activities of Vetiveria zizanoide (Linn) Nash. Journal of Basic & Applied Sciences. 2018 Jan 5; 14: 235-8.
14. Chaudhary K. Comprehensive review of Sariva (Indian sarsaparilla) and its botanical sources. Journal of Drug Research in Ayurvedic Sciences. 2024 Nov 1; 9(6): 356-67.
15. Kotteswari M, Prabhu K, Rao MR, Ahamed A, Balaji T, Dinakar S, Sundaram RL. The gas chromatography-mass spectrometry study of one Ayurvedic formulation avipathi churnam. Drug Invent. Today. 2020 May 1; 13: 668-71.

Cite this article as:
K. A. Anjali, Wilson Mekha, S. Gopikrishna. A Case Report on Ayurveda Management of Prurigo Nodularis. AYUSHDHARA, 2026;13(3):420-426.
https://doi.org/10.47070/ayushdhara.v13i3.2707
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. K. A. Anjali
PG Scholar,
Department of Agadatantra,
VPSV Ayurveda College,
Kottakkal, Kerala.
Email: anjalika1996@gmail.com