

**ROLE OF AYURVEDA IN THE MANAGEMENT OF DRUG-INDUCED DERMATITIS: A  
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Article Received on 19/02/2026

Article Revised on 09/03/2026

Article Published on 01/04/2026

**ABSTRACT**

Drug-induced dermatitis is a common adverse cutaneous reaction caused by systemic or topical drug administration, ranging from mild erythema to severe inflammatory lesions.<sup>[1]</sup> It is considered as an immune-mediated hypersensitivity reaction involving inflammatory mediators and altered immune responses.<sup>[2]</sup> *Ayurveda* explains such conditions under *Twak Vikara*, or *Visha-janya Kustha*, where *Garavisha*, *Pitta*, and *Rakta* play a key role in pathogenesis.<sup>[3]</sup> Improper digestion and metabolism of drugs lead to accumulation of toxic substances, resulting in cutaneous manifestations.<sup>[4]</sup> This case report highlights the successful management of drug-induced dermatitis through *Ayurvedic* principles including *Shodhana* and *Shamana* therapies, along with appropriate dietary and lifestyle modifications. The treatment aimed at *Vishahara*, *Raktashodhana*, and *Pittashamana* resulted in marked clinical improvement without adverse effects, suggesting *Ayurveda* as a safe and holistic therapeutic approach.<sup>[5]</sup>

**KEYWORDS:** Garavisha, Drug-induced toxicity, Dermatitis, Drug-induced dermatitis.**INTRODUCTION**

Drug-induced dermatitis is a frequent dermatological adverse reaction associated with medications such as antibiotics, NSAIDs, and anticonvulsants.<sup>[1]</sup> It is mediated by immunological mechanisms leading to inflammation of the skin, presenting with erythema, pruritus, and rashes.<sup>[2]</sup> In *Ayurveda*, such manifestations are described under *Twak Vikara* and *Visha-janya Vyadhi*, particularly involving *Garavisha*, where toxins vitiate *Rakta* and *Pitta*, producing inflammatory skin changes.<sup>[3]</sup> *Ayurvedic* management focuses on eliminating toxins, pacifying aggravated *Doshas*, and restoring tissue homeostasis through *Shodhana* and *Shamana* therapies, offering a comprehensive and integrative approach to disease management.<sup>[5]</sup>

**CASE REPORT**

A 36-year-old female reported to the *Vishachikitsa* OPD at Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, presenting with multiple

maculo-papular lesions in the sun-exposed areas of bilateral forearms and nape of the neck, along with severe redness, burning sensation and itching since 3 weeks. The patient had a history of fever before 3 weeks and took paracetamol for the same, after which, the symptoms occurred. Despite prior allopathic consultation, the patient reported no clinically significant improvement in symptoms.

**General Examination**

- Temperature: 97 F
- Pulse rate: 90 bpm
- Blood pressure: 130/90 mmHg
- Respiratory System: Chest clear
- Circulatory System: S1, S2 heard, no murmurs
- Central Nervous System: Conscious and oriented
- P/A: soft and non tender

**Local Examination**

- Site: B/L forearms and nape of the neck

- Shape: Circular
- Colour: Reddish
- Number: multiple
- Associated symptoms: Redness, severe burning sensation and moderate itching
- Type of lesion: maculo-papule

#### *Ashta sthana pareeksha*

- *Nadi*: Pitta kapha
- *Mala*: Regular bowel
- *Mutra*: occasionally associated with burning sensation
- *Jihva*: Alipta
- *Shabda*: Spashta
- *Sparsha*: Ushna in the affected areas

- *Drik*: Prakruta
- *Akruti*: Madhyama

#### *Dashavidha pareeksha*

- *Prakruti*: Vata pitta
- *Vikruti*: Pitta kapha
- *Sara*: Madhyama
- *Samhanana*: Madhyama
- *Satva*: Madhyama
- *Satmya*: Madhyama
- *Ahara shakti*: Madhyama
- *Vyayama shakti*: Madhyama
- *Vaya*: Madhyama
- *Bala*: Madhyama



Figure 1: Showing clinical presentation on day 1 of admission.

#### Management

Table 1: Showing *Shamana Oushadhi* (for 7 days)

SL.NO	SHAMANA OUSHADHI	DOSE	TIME
1.	<i>Chitrakadi vati</i>	1-0-1	Before food
2.	<i>Bilwadi gulika</i>	1-1-1	Before food

Table 2: Showing treatment procedures.

SL.NO	PROCEDURES	DAYS
1.	<i>Sneha basti</i> with <i>Panchatikta guggulu ghrita</i> (80ml, 100ml, 120ml)	3 days
2.	<i>Sarvanga Abhyanga</i> with <i>Nalpamaradi taila</i>	6 days
3.	<i>Sarvanga Bhashpa sweda</i>	6 days
4.	<i>Virechana</i> with <i>Avipattikara choorna</i> 30g on 17/09/2025 (11 vegas)	1 day

Table 3: Discharge medications.

SL.NO	SHAMANA OUSHADHI	DOSE	TIME
1.	<i>Patolakaturohinyadi kashaya</i>	15ml-0-15ml	Before food
2.	<i>Gandhaka rasayana</i>	1-0-1	After food
3.	<i>Nalpamaradi taila</i>	once	Before food
4.	D sora lotion	once	for external application at morning



Figure 2: Showing clinical presentation at the time of discharge.

## OBSERVATION AND RESULTS

Table 4: Observation and symptoms.

DAY	KANDU	RAGA	DAHA
1st	+++	+++++	++++
7th	+	-	-

## DISCUSSION

Drug-induced dermatitis is an inflammatory condition resulting from adverse reactions to synthetic or chemical substances.<sup>[1]</sup> In the present case, the symptoms initiated post intake of Paracetamol. This clinical condition can be conceptualised with *Garavisha* in Ayurveda. *Garavisha* refers to artificially prepared or incompatible toxic substances that produce harmful effects in the body.<sup>[7]</sup> Hence, the treatment protocol was planned based on the principles of *Garavisha Chikitsa*, focusing on *Vishahara*, *Agni Deepana*, *Raktashodhana*, and *Pittashamana*.<sup>[8]</sup>

Initial *Shamana Oushadhi* such as *Chitrakadi Vati* and *Bilwadi Gulika* were administered to improve *Agni*, *digest Ama*, and neutralize toxic metabolites formed due to drug intake.<sup>[9]</sup> *Bilwadi gulika* is also specific to *Garavisha*.<sup>[10]</sup> Both of these formulations possess *Deepana*, *Pachana*, and *Vishaghna* properties, facilitating detoxification and preventing further tissue damage.

*Sneha Basti* was adopted as the patient was hesitant to take *Sneha pana*. As *Panchatikta Guggulu Ghrita* pacifies *Pitta* and *Vata*, and purify *Rakta* and *Twak*,<sup>[11]</sup> it was opted for *sneha basti*, in *Aarohana matra* of 80ml, 100ml and 120ml respectively. *Sarvanga Abhyanga* with *Nalpamaradi Taila* followed by *Bhashpa Sweda* helped in reducing inflammation, burning sensation, and pruritus by improving peripheral circulation.

*Virechana* with *Avipattikara Choorna* acted as the principal *Shodhana* therapy for expelling aggravated *Pitta* and accumulated toxins.<sup>[12]</sup> Eventhough *Vamana* is the *chikitsa* mentioned for *Garavisha* in classics<sup>[13]</sup>, *Virechana* is opted considering *satva* and *bala* of the

patient. As the symptoms were *Pitta* predominant, *Avipattikara choorna* was the ideal *virechana oushadhi* for this condition. Post-discharge medications such as *Patolakaturohinyadi Kashaya* which is *Kaphapittahara*<sup>[14]</sup> and *Gandhaka Rasayana* which acts as *rasayana* and also *twachya* to enhance skin regeneration, and prevented recurrence.<sup>[15]</sup> Overall, the integrative application of *Shodhana* and *Shamana* therapies proved effective in managing drug-induced dermatitis with sustained clinical improvement.

## CONCLUSION

The present case study demonstrates that drug-induced dermatitis can be effectively correlated with *Garavisha* in *Ayurveda* and successfully managed through appropriate Ayurvedic interventions. The combined application of *Shodhana* therapy, particularly *Virechana*, along with *Shamana Oushadhi* and external therapies resulted in significant clinical improvement without adverse effects. The treatment addressed the underlying pathogenesis by eliminating accumulated toxins, pacifying aggravated *Pitta* and *Rakta*, and restoring tissue homeostasis. This case highlights the potential role of *Ayurveda* as a safe and effective approach in the management of drug-induced dermatological conditions and encourages further clinical studies for evidence-based validation.

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