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AYURVEDA- ROOT CAUSED BASED CUSTOMISED MANAGEMENT OF CHRONIC DERMATOLOGICAL DISORDERS (*KUSHTHA*) WITH SHARMAYU- GENUINE AYURVEDA 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. This case was considered in *kshudra kushtha* of *samhita* and treatment were given as per the applications mentioned in it. Although all three cases showed good clinical improvement, conclusive findings are limited in two cases due to ongoing treatment. 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.

KEYWORDS: *Ayurveda; Dermatology; Vicharchika; Vipadika; Dadru; Dosha; Shodhana; Vamana, Virechanaa, Raktamokshana, Sharmayu Genuine Ayurveda.*

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 ।[i]

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. 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 ।।[ii]

A thorough documentation strategy should contain baseline clinical findings, objective photographic evidence taken under standardized conditions, validated illness severity and outcome evaluation instruments, and appropriate laboratory investigations or diagnostic

procedures, as clinically recommended. Furthermore, comprehensive documentation of the therapy protocol, including type of intervention, dosage, frequency, duration, concomitant drugs, and any changes made during treatment, was required to ensure transparency and repeatability. Systematic follow-up visits have been performed at predetermined intervals to monitor changes in clinical signs and symptoms, treatment response, adverse events, recurrence, and long-term results. Wherever possible, the use of standardized outcome measures and explicitly stated objectives for clinical improvement improved the objectivity and comparability of results. This systematic and evidence-based methodology improved the methodological quality, clinical relevance, and scientific credibility of the Ayurvedic case reports and case series, allowing for critical appraisal and the generation of hypotheses for future controlled clinical investigations. Importantly, clinical improvements seen in individual were interpreted with caution because case reports and case series cannot independently show treatment efficacy or causal relationships.

This instance took an integrative approach, focusing on Ayurvedic diagnostic and management concepts. Clinical pictures, appropriate investigations, treatment duration, and regular follow-up improved the quality of case reports and helped suggest areas for further research, as well as clarifying the clinical practice of treatment kshudra kushtha as described in the Samhita. Well-documented case series can give valuable preliminary data for future clinical trials.

Kshudra Kushtha

Ayurveda designates all skin disorders under *Kushtha roga*.

The word *Kushtha* is derived - the meaning of "KUS" is to extract, tear, pull or draw out.

DEFINITION

"कुष्णाति निःशेषेण विलेखनम् करोति अन्ग प्रत्यङ्गानि इति कुष्ठम्।" (Siddhanta koumudi)

Kushtha is a condition in which several body organs, dhatus and upadhatus, are destroyed and damaged.

Kushtha is claimed to cause discolouration over the skin region.

Hetu of *kshudra kushtha*[3]

नवान्नदधिमत्स्यातिलवणाम्लनिषेविणाम्।
माषमूलकपिष्टान्नतिलक्षीरगुडाशिनाम्।।७।।
व्यवायं चाप्यजीर्णेऽन्ने निद्रां च भजतां दिवा।
विप्रान् गुरून् धर्षयतां पापं कर्म च कुर्वताम्।।८।।
विरोधीन्यन्नपानानि द्रवस्निग्धगुरूणि च।
भजतामागतां छर्दिं वेगांश्चान्यान्प्रतिघ्नताम्।।४।।
व्यायाममतिसन्तापमतिभुक्त्वोपसेविनाम्।
शीतोष्णलङ्घनाहारान् क्रमं मुक्त्वा निषेविणाम्।।५।।
घर्मश्रमभयार्तानां द्रुतं शीताम्बुसेविनाम्।
अजीर्णाध्यशिनां चैव पञ्चकर्मापचारिणाम्।।६।।

Viruddha annapana, excessive intake of *drava*, *snigdha*, and *guru* dravyas; suppressing natural urges such as vomiting; exercising or coming into contact with intense heat after consuming an excessive amount of food. Indulging in behaviours such as eating shita quality food followed by *ushna* quality, or fasting followed by large meals. Consuming cold water immediately after exposure to the burning heat, exercise, and fear eating uncooked or raw foods, or eating meals after previous meals have not been digested. Indulging in foods and other habits that were prohibited during the *Panchakarma* phase. Consuming new grains, curds, seafood, and highly salted and sour foods. Black gram, radish, cuisine made with flour paste, sesame, milk, and jaggery. The etiology and risk factors of *kushtha* include engaging in sexual activity even if the food is not well digested (sexual intercourse right after eating), sleeping during the day, insulting peers such as brahmins, gurus, and other respected individuals, and engaging in sinful behaviours.

Pathogenic factors

वातादयस्त्रयो दुष्टास्त्वगग्क्तं मांसमम्बु च।
दूषयन्ति स कुष्ठानां सप्तको द्रव्यसङ्ग्रहः।।
अतः कुष्ठानि जायन्ते सप्त चैकादशैव च।
न चैकदोषजं किञ्चित् कुष्ठं समुपलभ्यते।।
Charaka Chikitsa 20/9-10

The vitiated three *doshas* (*vata*, *pitta* and *kapha*), as well as the impaired *tvak*, *rakta*, *mamsa*, and *ambu* make up seven fundamental entities involved in the pathophysiology of *kushtha*. *Kushtha* can be divided into seven *mahakushtha* (major skin disorders) and eleven *kshudrakushtha* (minor skin disorders). A single dosha cannot produce *kushtha* on its own; thus, kushtha is not a *nanatmaja* ailment (one caused by a single unique dosha).

General guidelines for diagnosis

- सर्वं त्रिदोषजं कुष्ठं दोषाणां तु बलाबलम्।
  यथास्वैर्लक्षणैर्बुद्ध्वा कुष्ठानां क्रियते क्रिया।।
- दोषस्य यस्य पश्येत् कुष्ठेषु विशेषलिङ्गमद्रिक्तम्।
  तस्यैव शमं कुर्यात्ततः परं चानुबन्धस्य।। **Charaka Chikitsa 20/31-32**

Tridosha are involved in the pathophysiology of all types

of *kushtha*. The predominant symptoms differ each *dosha*, and treatment is based on the symptoms present in a certain *kushtha*. The dosha generating severe and specific symptoms was managed first, followed by therapy for the related dosha. certain *kushtha* determine the predominance of certain *dosha*, and vice versa; in other words, dosha determines the specific form of *kushtha*. Individual symptoms influence causative variables, and vice versa.

Ayurvedic Management of *Kshudra kushtha* in general

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

In *vataja kushtha*, *ghritapana* should be administered first, whereas in *kaphaja kushtha*, *vamana* should be performed first, and in *pittaja kushtha*, *virechanaa* and *raktamokshana* should be administered first.

AIMS AND OBJECTIVES

1. To document the clinical presentation, Ayurvedic assessment, individualized treatment approach, and clinical outcomes of three patients with dermatological disorders managed according to classical Ayurvedic principles.
2. To evaluate the clinical improvement in chronic dermatological conditions following *Shodhana* and *Shamana* therapies over the observed treatment period.

CASE STUDIES

Case 1: *Vicharchika*

A 25-year-old male patient identified as AD presented with complaints of generalized itching, burning sensation over the body, and dark reddishbrown discoloration over the lower-limb region. The patient had been experiencing these symptoms for approximately 2 years and taking treatment a allopathy medications but not relieved so came for Ayurveda treatment.

On Ayurvedic assessment, the condition was diagnosed as *Vicharchika*, with predominant ***Kapha-Pitta*** involvement.

Hetu: The dietary history revealed excessive consumption of fish and salted foods,outside foods, *ajirna*, stress factors due to more working hours and *aatap sevan* (working under sunlight) in his duration of job which may be considered relevant causative factors as explained in the context of the causative factors described for *Kshudra Kushtha* in classical Ayurvedic texts.

Poorvarupa/Rupa (Clinical Presentation)

The patient presented with

- Generalized itching (*Kandu*)
- Burning sensation (*Daha*)
- Dark reddishbrown discoloration over the leg region
- Earlier secretions present but after allopathy treatment it was resolved and came to us with presence of Dryness.
- Constipation
- Duration: 2 years

Samprapti: *Vicharchika*, a variation of *kushtha*, the general *samprapti* of *kushtha* considered as per the given references of *Bruhattrayee.*

Samprapti Ghatak

Doshas: Kapha Pitta
Dushya: Twak, Rakta, Mamsa
Srotas: Rasa, Rakta, Mamsa
Agni: Jatharagni & Dhatwagnimandya Srotodusti: Sang & Vimargagamana Sanchara: Tiryaga sira Adhishtana: Twaka Rogamarga: Bahya Swabhava: Chirkari

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

- सकण्डूः पिडका श्यावा प्राहुस्रावा विचर्चिका ।। Charaka Chikitsa 7/26 [vi]
- राज्योऽतिकण्डूवर्तिरुजः सरूक्षा भवन्ति गात्रेषु विचर्चिकायाम् ।। Susruta Nidan 5/13
- सकण्डूपिटिका श्यावा लसीकाढ्या विचर्चिका | Astanga Hridaya Nidana 14/18

As the aggravated *dosha* is here *Kapha* associated with *Pitta*, so first *Vamana* was given followed.
by other *shodhan* procedures.

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

1. 1st *Vamana* – 1 session completed
2. 2nd *Virechanaa* – 1 session completed
3. 3rd *Raktamokshana* (*Jalaukavacharana*) – 3 sessions with interval period of averagely 10 and 20 days respectively.
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*
Atlast Further Continued with *Mahamanjisthadyarishta* For 15days And later For Constipation *Panchsakar Churna* 1tsp for 15 Days.

5. Appropriate dietary advice and avoidance of aggravating food items and his lifestyle factors which was more targetable to increase a *KaphaPitta* dosha mentioned in *kshudra kushtha*.

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

Outcome

Following completion of the treatment protocol for total 8months 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.

Table 1.

Parameter	**Before treatment**	**After *Vamana* (Initial days)**	**After *Virechanaa* (After 3days of *Vamana* plan)**	**After *Raktmokshana* (Later after 4th and 5th month**
Percentage		**50%**	**70%**	**80%**
Kandu (Itching sensation)	Present	Present (5+)	Present (3+)	Mild (1+)
Daha (Burning sensation)	Present	Present	Absent	Absent
Rukshata (Dryness)	Present	Reduced	Absent	Absent
Shyav varna (Dark reddishbrown discoloration over the both leg region)	Present	Present	Reduced	Absent
Mala	*Baddhata*	Not clear	Relieved	Cleared

Case 2: *Vipadika*

A 33-year-old male patient AC presented with dermatological complaints predominantly affecting both palms. The patient had been experiencing these symptoms for approximately since 3years with Comorbidities of Hypothyroidism.

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

Hetu: The patient reported frequent consumption of outside food and irregular meal timings, including delayed lunch and dinner, owing to his corporate field job, which required frequent travel to cities outside Mumbai and limited his access to suitable food choices which may be considered relevant causative factors as explained in the context of the causative factors described for *Kshudra Kushtha* in classical Ayurvedic texts.

Poorvarupa/Rupa (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*.

Samprapti: *Vipadika*, a variation of *kushtha*, the general *samprapti* of *kushtha* considered as per the given references of *Bruhattrayee***.**

Samprapti Ghatak

Doshas: Tridosha (Pradhan-Vata-Kapha) Dushya: Twak, Rakta, Mamsa
Srotas: Rasa, Rakta, Mamsa
Agni: Jatharagni & Dhatwagnimandya
Srotodusti: Sang & vimargagamana Sanchara: Tiryaga sira
Adhishtana: Hasta Rogamarga: Bahya Swabhava: Chirkari

Diagnosis: Based on the clinical presentation and Ayurvedic assessment, the case was diagnosed as *Vipadika.*

वैपादिकं पाणिपादस्फुटनं तीव्रवेदनम् ।[vii] **Charaka Chikitsa 7/26**

Therapeutic intervention

As the aggravated dosha is here Vata associated with Pitta and Kapha, so first *Virechanaa* was given followed by other *shodhan* procedures.

Ayurvedic Management

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

1. *Virechanaa* – 1 session completed
2. *Lepa* – 1 session further explained to patient to do at home as not affordable
3. *Dhawana* – 1 session further explained to patient to do at home as not affordable
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, Tab. Kabjona and local application of combination of Simple plain Go-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 proprietary medicine *Syp. Thyorina with Tab. Kabjona, Sutshekar, Neem vati.*
Still medications are ongoing

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

outside food asked to avoid. 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.

Table 2.

Parameter	Before treatment	After treatment of *Virechanaa*
Scaling over both palms	Present	Absent
Cracks/fissures over both palms	Present	Absent
Itching	Present	Absent
Blackish discoloration	Present	Decreased
Thickened and hardened skin over the affected palmar region	Present	Decreased
Constipation	Present	Decreased

Case 3: Dadru
A 55-year-old female patient SS presented with complaints of itching in the inguinal region associated with blackish discoloration and generalized itching over the body.

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

Hetu: The patient reported dietary and lifestyle factors including *Viruddha Ahara-Vihara* (daily intake of Tea and chapati {included salt}), Wafers, mostly consumption of Non veg food and late morning awakening at approximately 11:00 am, disturbed sleep pattern and delayed intake of dinner which may be considered relevant causative factors as *Aam* and *ajirna* in the context of the causative factors described for *Kshudra Kushtha* in classical Ayurvedic texts.

Poorvarupa/Rupa (Clinical Presentation)
The patient presented with:
- Itching in the inguinal region
- Blackish discoloration over the inguinal region
- Generalized itching over the body
- Large circular patch at inguinal region (*pidaka*)

Samprapti: *Dadru*, a variation of *kushtha*, the general *samprapti* of *kushtha* considered as per the given references of *Bruhattrayee.*

Samprapti Ghatak
Doshas: Tridosha (Pradhan-Pitta-Kapha) Dushya: Twak, Rakta, Mamsa
Srotas: Rasa, Rakta, Mamsa
Agni: Jatharagni & Dhatwagnimandya Srotodusti: vimargagamana Sanchara: Tiryaga sira
Adhishtana: Inguinal region Rogamarga: Bahya Swabhava: Chirkari

Diagnosis: Based on the clinical presentation and Ayurvedic assessment, the case was diagnosed as *Dadru.*

वैपादिकं पाणिपादस्फुटनं तीव्रवेदनम् ।[vii] Charaka Chikitsa 7/26

Therapeutic intervention
As the aggravated *dosha* is here *Vata* associated with *Pitta* and *Kapha*, so first *Virechanaa* was given followed by other *shodhan* procedures.

Ayurvedic Management
The patient was managed with an individualized Ayurvedic treatment protocol consisting of.
1. *Virechanaa* – 2 sessions after gap period of 21days of each session and 3rd ongoing session plan
2. Oral Ayurvedic medications

1st Consultation - *Tab. Kabjona* 2tab for *pachana* before *virechana and Tab. Sutshekar SOS* if any *pitta* aggravated and symptoms like *Shirashula* after *virechana* then *Sutshekar* can be used respectively.
1st follow up – *Haridrakhand rasayan* with *Abhrak Bhasma, Sarivadi vati, Neem Vati, Gandhak Rasayan*
2nd follow up- Ongoing *Virechana*a plan

3. Advice regarding regular meal timing and sleep pattern. Dietary and lifestyle advice, particularly regarding irregular meal timings, late awakening and *Viruddha ahar vihar* as earlier explained asked to avoid. Explained importance of regular meal timing and sleep pattern helpful in her conditions to treat this. The patient continues to receive treatment and is being monitored 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.

Table 3.

Parameter	Before treatment	After 1st Virechana	After 2nd Virechana
Itching	Present	70%	85%
Discoloration	Present	5+	3+
Large circular patch	Present	5+	3+

DISCUSSION

The present case series highlights the role of root caused 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*, *Virechanaa*, *Raktamokshana* and oral medicines, with complete clinical resolution reported. The patient had previously undergone conventional treatment for the same issue, which resulted in symptom control for around two years until secretions were cleared and the condition recurred. In this case, a thorough clinical history enabled a proper Ayurvedic assessment, and individualized treatment led to symptomatic improvement despite the existence of dryness and variability in symptom presentation.

Vipadika showed *Vata- Kapha* predominance with palmar scaling, fissuring and thickening. Management with *Virechanaa, Lepa, Dhawana* and oral medicines resulted in approximately 80% clinical improvement. Due to financial constraints, the patient was unable to afford local therapies at the clinic. Therefore, he was educated and trained to perform the recommended procedures safely at home, which supported treatment adherence and contributed to the reported clinical improvement.

Dadru was assessed as *Pitta-Kapha* predominant and was associated with large circular patch at inguinal region with severe itching. *Virechanaa* and oral medicines resulted in approximately 70% clinical improvement at the time of assessment.

An important observation across the three cases was the role of individual dietary and lifestyle factors (*Nidana*). According to Ayurvedic principles, continued exposure to causative factors aggravate disease, whereas their identification and avoidance (*Nidana Parivarjana*)[ix] are essential components of treatment and help to prevent disease progression and recurrence.

Another notable feature of the present series is the individualized selection of *Shodhana* and other therapeutic interventions. *Vamana* was employed in Case 1, while *Virechanaa* 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.

Salient Features and Clinical Implications

The treatment protocol for all three cases was selected according to the classical Ayurvedic principles of *Kushtha Chikitsa*, clinical observations, guidance received from gurus, textual references, *Samhita* reading and understanding and the physician's clinical experience. *Shodhana* procedures, including *Vamana*, *Virechana*, and *Raktamokshana*, were selected according to the individual patient's clinical presentation and Ayurvedic assessment. The dosage of internal medications, local applications, *Panchakarma* procedures, timing (*Kala*), and adjuvants (*Anupana*) were determined with reference to classical texts and clinical judgement. Local therapies, including *Lepa* and *Dhawana*, were incorporated wherever indicated according to the patient's *Dosha* involvement and clinical condition.

Understanding the *Samprapti* of each case through *Nidana Panchaka* played an important role in identifying the probable disease mechanisms, clinical features and appropriate therapeutic approach. Dietary irregularities and other potential causative factors were considered during the assessment, with particular attention to the Ayurvedic concepts of *Agni*, *Ama* and *Srotodushti*. *Virechana* was selected in all three cases as part of the individualized treatment strategy, based on the respective clinical assessments and therapeutic rationale.

The principles of *Chikitsa Chatushpada—Vaidya* (physician), *Paricharaka* (attendant), *Dravya* (medicines), and *Rogi* (patient)—also contributed to the overall management. The physician's clinical judgement,

appropriate selection of medicines, patient cooperation, and adherence to the prescribed regimen were important components of care. Although the same treatment protocol may not be appropriate for every patient with *Vicharchika*, *Vipadika*, or *Dadru*, the fundamental Ayurvedic principles remain relevant, emphasizing individualized and cause-oriented management.

Patients previously treated with conventional medicine may present with modified or fluctuating clinical features, which should be carefully assessed before treatment selection. While conventional medicines may be more readily accessible in certain settings, Ayurvedic management requires careful consideration of the patient's *Dosha*, *Dushya*, *Agni*, *Samprapti*, individual requirements, and the suitability and availability of medicines. Thus, the application of *Yukti* (clinical reasoning) remains central to developing an individualized Ayurvedic treatment plan.

CONCLUSION

This case series describes the individualized Ayurvedic management of *Vicharchika*, *Vipadika* and *Dadru* with clinical improvement observed in all three cases. These preliminary findings highlight the potential application of Ayurvedic principles in dermatological care; however, further well-designed clinical studies with standardized outcome measures and longer follow-up are required to establish treatment efficacy.

Figures

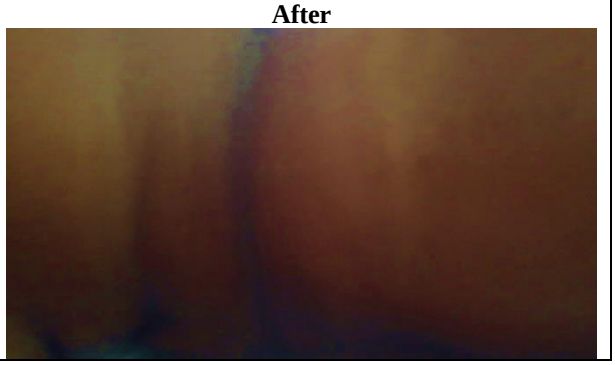
1) *Vicharchika*

Before (1st consultation)	2nd Follow up	3rd Follow up
		

2) *Vipadika*

Before	After
	

3) ***Dadru***

Before	After
	

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