

A Case Study on Ayurvedic Management of Papulo-Pustular Skin Lesions in a Pediatric Patient: An Integrative Approach Following *Virechana* Therapy

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ABSTRACT

This case study Describes the *Ayurveda* management of a chronic dermatological condition in a nine-year-old male child who presented with pustular and papular lesions over the groin and shoulder regions. The lesions were accompanied by severe itching and serous discharge and had persisted for more than one month despite prior allopathic treatment. An individualized and holistic *Ayurveda* treatment plan was designed based on classical principles to address both local symptoms and systemic imbalance. The therapeutic approach began with *Deepana and Pachana* therapies to improve *Agni* and eliminate *Ama*. This was followed by *Snehapana* and *Virechana* to expel aggravated *Pitta* and *Kapha Doshas* from the body. External treatments, including *Abhyanga* with medicated oils, were used to support skin healing and reduce inflammation. After the detoxification phase, *Samsarjana Krama* was implemented to gradually restore *Agni* and metabolic balance. *Shamana Chikitsa* with appropriate herbal formulations was administered to control symptoms and prevent recurrence, while *Rasayana* therapy was included to enhance immunity and promote tissue regeneration. The child showed marked clinical improvement, with significant reduction in itching, discharge, and lesion size, ultimately achieving complete resolution. No recurrence was noted during follow-up, highlighting the potential of systematic *Ayurveda* management in pediatric dermatology cases.

Keywords: *Kustha*, Papulo-pustular lesion, *Panchakarma*, *Ayurveda*

1. INTRODUCTION

A pustule is a bulging patch of skin that's full of a yellowish fluid called pus [1]. A papule is a small, well-defined bump in the skin [2]. It may have a rounded, pointed or flat top, and may have a dip [3]. Skin diseases mentioned in modern medicine can be compared with *Kushtaroga*. It is one of the chronic diseases which are much difficult to cure and treat. Behavioral, immunological, genetic, dietic, and environmental factors play a major role in pathogenesis of Kushta [4]. This case demonstrates the *Ayurveda* understanding and treatment of papulo- pustular lesion in a child, with emphasis of *Shodhana* therapy and *Rasayana* support.

Patient Information

A 9-year-old male child was brought to the outpatient department by his mother with complaints of Pustules over the groin region, Papules on both shoulders, Itching and serous discharge from lesions, Duration of symptoms: 1 month. The mother reported that the child was apparently healthy 9 years ago but gradually developed painful, pus-filled pustules, especially over the shoulder region. The groin region showed small reddish papules (10–15 in number) which appeared over the past month.

Past Treatment: Prior allopathic treatment was unsuccessful in alleviating the symptoms. Detailed treatment records were unavailable.

Family History: Father had similar complaints for the past 3 years.

Birth and Development History: Full-term normal vaginal delivery, Birth weight: 3.2 kg, No neonatal jaundice or ICU stay, all the developmental milestones were achieved appropriately.

Immunization: All vaccines up-to-date, including TT (Dose 1 and 2).

Clinical Findings

General Appearance: Healthy looking

Vitals:

- Pulse: 82 bpm

- Temperature: Afebrile
- Respiratory Rate: 15/min
- BP: 90/70 mmHg

Systemic Examination:

- CNS: Alert, oriented, normal higher functions
- RS: Bilateral symmetrical chest, no adventitious sounds
- CVS: S1 and S2 audible, no murmurs
- P/A: No tenderness or organomegaly

Lesion Characteristics:

- **Distribution:** Shoulders (blackish pustules), Groin (reddish papules)
- **Number:** 8–10 (largest 2 × 1 cm)
- **Tenderness:** ++
- **Itching:** Present
- **Discharge:** Present
- **Lichenification, Auspitz Sign, Koebner Phenomenon:** Absent
- **Nature:** Gradually spreading, asymmetrical distribution

Diagnostic Assessment

Ayurvedic Diagnosis:

- *Kustha (Tridoshaja, Pitta-predominant)*

Nidana Panchaka revealed:

- *Nidana: Viruddha Ahara, Drava-Snigdha Guru Dravyas, Vishama Ahara*
- *Poorvarupa: Twak Parushya, Vaivarnya*
- *Roopa: Papulo-pustular lesions with itching and discharge*
- *Samprapti: Tridosha Dushti with Avarana of Vata; involvement of Rasa, Rakta, Mamsa Dhatus [5]*
- *Rogamarga: Bahya*
- *Srotodushti: Sangha in Rasa-Raktavaha Srotas*

Allopathic Assessment: Diagnosis unclear; no biopsy or microbiological analysis done.

Therapeutic Intervention

^(A) *Shodhana Chikitsa*: [6]

(1) *Deepana-Pachana*

- *Chitrakadi Vati*: 1 tab TID before meals (Day 1)
- *Panchakola Phanta*: 30 ml TID before meals (Day 1)

(2) *Snehapana*

<i>Duration</i>	<i>Medication</i>	<i>Dose</i>	<i>Route</i>	<i>Frequency</i>	<i>Anupana</i>
5, June 2025	<i>Chitrakadi Vati</i> + <i>panchakola phanta</i>	1 TAB 30ML TID	ORALLY ORALLY	Thrice a day before meal Thrice a day before meal	Warm Water Warm Water
6, June 2025	<i>Mahatiktaka Ghrita</i>	30ml	Orally	Morning empty Stomach	Warm Water
7, June 2025	<i>Mahatiktaka Ghrita</i>	60ml	Orally	Morning empty Stomach	Warm Water
8, June 2025	<i>Mahatiktaka Ghrita</i>	100ml	Orally	Morning empty Stomach	Warm Water
9, June 2025	<i>Mahatiktaka Ghrita</i>	150ml	Orally	Morning empty Stomach	Warm Water

10, June 2025	Sarvanga Abhyanaga with Nalpamardi taila , Parisheka with Panchavalkala kashaya	-	Externally	Morning	
11, June 2025	Sarvanga Abhyanaga with Nalpamardi taila , Parisheka with Panchavalkala kashaya	-	Externally	Morning	
12, June 2025	Sarvanga Abhyanaga with Nalpamardi taila , Parisheka with Panchavalkala Kashaya Trivrit Avleha Draksha Rasa	- 50grm 100ml	Externally Orally	Morning Morning	Warm Water

No of Vegas- 30 Shuddhi- Uttama

Samsarjana Krama (Post-Purification Diet)

- Day 9 onward: Light diet protocol for 7 days

Life style Modification- Adviced to sleep early and awake up early, Morning Walk and to follow ideal daily routine, timely intake of food, to take green leafy vegetables, fruits, adviced to avoid rice, curd, tea, pickles, fried food and excessive salt.

2. OBSERVATIONS AND RESULTS

Signs and Symptoms	Before Treatment	After Treatment
Tenderness	Present	Absent
Itching	Present	Absent
Discharge	Present	Absent
No of lesions	8-10 no (largest 2*1)	
Distribution	Shoulder (Blackish pustules), Groin (Reddish Papules)	



Shamana Chikitsa (Post-Shodhana internal & topical medications)

- *Mahamanjistadi Kashaya* 10ml bd with 20 ml of lukewarm water
- *Arogya Vardhani rasa* 1-0-1 A/F
- *Siddhartaka snana churna* local application

Follow-up and Outcomes- Follow-up done after 14 days

Significant reduction in itching, discharge, and lesion size, No new lesions observed. Child's general health improved; appetite, sleep, and bowel habits normal. No adverse events reported during or after *Virechana* therapy.

3. DISCUSSION

The case demonstrates the efficacy of classical *Ayurvedic Shodhana* therapy, particularly *Virechana* in addressing dermatological conditions in children. Chronic exposure to *Viruddha Ahara*, dietary indiscretions, and probable genetic predisposition (father had similar complaints) led to *Kushta* characterized by *Tridosha Dushti*. *Virechana Karma* is one of the treatment modalities for this condition. The *dosha* situated in *Twak*. In order to normalize the deranged *agni*, it is important to take *Deepana pachana* medicine before *Snehapana*. *Snehapana* was taken up to seven days or till *Samyak snighdha lakshana*. *Sneha* has ability to disrupt the pathogenesis of *Kushta* by increasing dosage helps to loosen the connection between the *Dosha, Dushya*.

Mahatiktaka ghrita was used for *Snehapana*. The ingredients of *Mahatiktaka ghrita saptparna*, *ativisha*, *shampaka*, *tiktrohini*, *ushira*, *triphala*, *vibhitaki*, *Patola*, *Pichumarda*, *Parpataka*,

Dhanvayasa, Chandana, Pippali, Gajapippali, Padmaka, Haridra, Daruharidra, Uragandha, Vishaka, Shatavri, Sariva, Vasa, Murva, Amruta, Kiratatikta, Yahtimadhu. The medication contains *Ushna, Tikshana, Vyavayi, Vikasi, Katu, Tiktarasatmaka and katu Vipaka.* It was found that *Deepana, pachana, Amapachaka, Shrotoshodhaka, Raktaprasadana, Raktashodhaka, Kandughna, Kushthagana* mode of action were mostly responsible for the effects of these medication, It also soothed the signs of exacerbated *Vata* and *Kapha Dosha*, such as itchinness, Discouration and Dryness^[7]. *Arogyavardhini vati* contains *Kutaki, Haritaki, Bibhitaka, Amalaki, Shilajatu Shuddha, Guggulu Shuddha, Eranda* and minerals like *Shuddha Parada, Shuddha Gandhaka, Lauha Bhasma, Abhraka Bhasma* and *Tamra Bhasma* with *bhavana* of *nimba patra swarasa*. Due to all these ingredients it possesses *Pitta virechana, tridosha shamaka, deepana, pachana, kushtaghna,* and *kandughna* properties. Due to these properties it helps in balancing *tridosha*, causes *Agnivardhana, bhedana, malashodhana* and *vatanulomana* ^[8]. *Kushtaghna* and *Kandughna* properties help in relieving symptoms and breaking *Samprapti* of disease. *Siddhartaka Snana* contains *Haritaki, Amalaki, Bibhitaki, Aragwadha* etc which is *Pittahara, Rechaka* ^[9]. The integrative approach adopted here included detoxification through *Virechana*, internal herbal formulations, local applications, and *Rasayana* support to rejuvenate the affected *Dhatus*. *Ayurveda* emphasizes treating the root cause (*Samprapti Vighatana*), which was achieved in this case by targeting *Rasa, Rakta,* and *Mamsa Dhatus*.

4. CONCLUSION

This case highlights the successful application of classical *Ayurveda* principles in managing chronic papulo-pustular skin lesions in a pediatric patient. A comprehensive protocol involving *Deepana, Pachana, Snehapana, Virechana,* and *Shamana* therapies produced clinically significant improvements. This reinforces the need for integrating traditional *Ayurveda* methodologies in managing chronic skin disorders, particularly when conventional treatments fail.

Patient Perspective- The child and parent expressed satisfaction with the outcome. They noted relief in symptoms within the first week post-treatment and improved overall well-being.

Informed Consent- Written informed consent was obtained from the child's guardian for publication of this case report and any accompanying images.

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