ISSN: 2320-7329

http://www.ayurlog.com

July-Sept: 2025 | Volume: 13th | Issue: 3rd

NATIONAL JOURNAL OF RESEARCH IN AYURVED SCIENCE

Article Received Date: 01/06/2025 Reviewed on Date: 15/07/2025 Accepted on: 25/07/2025

Ayurvedic management of spongiotic dermatitis – a case study

Sirosha M*[1], Aswathi G[2], Sreevidya C G[3]

1. Associate Professor, Dept. of Agadatantra, GAVC, Tripunithura, Kerala
2. Assistant Professor, Dept. of Agadatantra, GAVC, Kannur, Kerala
3. Professor & HOD, Dept. of Agadatantra, GAVC, Tripunithura, Kerala

***Corresponding author: siroshamjothy@gmail.com**

Abstract

Spongiotic dermatitis is one of the common inflammatory dermatoses encountered in routine dermatological practice. The histopathological finding, characterized by impairment of cohesion between epidermal keratinocytes, leading to intercellular edema, is peculiar to this condition. This accumulation of extracellular fluid results in widening of the space between keratinocytes, causing the epidermis to resemble a sponge histologically. The most drastic side of patients with spongiotic dermatitis is the recurrence of symptoms on exposure to triggering factors, which prevents them from leading a quality life. One year back, a 41-year-old female, presented with cracked crust-like lesions with oozing and itching all over the body since 17 years, was treated by considering *doshic* involvement, and *shodhana-samana chikitsa*. The protocol included *Rookshana, Snehapana*, Mild *swedana, Virechana, Takra dhara, Kashaya dhara* and *Samana chikitsa* with *Rakta prasadana chikitsa* and *Visha hara yogas* such as *Sigrupunarnavadi agada* mentioned in Keraleeya Visha Chikitsa book, *Vilwadi agada*, etc. *Rasayana chikitsa* with *Rasa sindooram* was also incorporated.

Keywords: *Spongiotic dermatitis*, *lichenification*, *shodhana-samana chikitsa*, *Sigrupunarnavadi agada*

Introduction

Spongiotic dermatitis, also known as eczematous dermatitis, represents a broad category of inflammatory skin conditions characterized by a distinctive histopathological pattern: spongiosis[1,2]. Spongiosis refers to the intercellular edema within the epidermis, specifically between keratinocytes, leading to a sponge-like appearance under microscopic examination (Weedon, 2010). Clinically, this manifests as erythema, papules, vesicles, scaling, crusting, and intense pruritus. While acute

presentations may involve prominent vesiculation and oozing, chronic forms often lead to lichenification, thickening of the skin, and persistent itching. The recurrent nature of symptoms upon exposure to various triggering factors, such as allergens, irritants, or internal imbalances, significantly impairs the quality of life for affected individuals, often leading to psychological distress and social limitations. Conventional dermatological approaches typically involve topical corticosteroids, antihistamines, and emollients, with systemic immunosuppressants reserved for severe, refractory cases [3,4]. However, these treatments primarily manage symptoms and may not address the underlying predisposition or prevent recurrence, leading to long-term dependency and potential side effects.

Ayurveda, the ancient Indian system of medicine, offers a holistic perspective on skin disorders, viewing them as manifestations of imbalances in *Doshas* (Vata, Pitta, Kapha) and *Dhatus* (body tissues), particularly *Rakta* (blood) and *Mamsa* (muscle tissue), often exacerbated by *Ama* (toxins) and *Visha* (poisons or toxic influences). Skin conditions are broadly categorized under *Kushta*, with specific manifestations like *Vicharchika* closely resembling eczematous conditions due to symptoms like itching, oozing, and eruptions[5,6]. The concept of *Dooshivisha*, a cumulative or attenuated form of poison, is particularly relevant in chronic, recurrent skin conditions where prolonged exposure to environmental toxins, incompatible foods, or metabolic waste products can gradually vitiate the *Doshas* and *Dhatus*, leading to persistent dermatoses[7,11].

This case study aims to highlight the successful Ayurvedic management of a long-standing case of spongiotic dermatitis, diagnosed as *Dooshivishajanya Vicharchika* from an Ayurvedic perspective, demonstrating the efficacy of a comprehensive *Shodhana* (purification) and *Shamana* (palliative) *chikitsa* protocol in achieving significant symptomatic relief and preventing recurrence, thereby improving the patient's overall quality of life.

Case Presentation

Patient Information

A 41-year-old female, working as a pharmacist, presented to the Department of Agada Tantra with a 17-year history of chronic skin lesions. Her condition severely impacted her social life, despite intermittent consultations with alternative systems of medicine. She reported an aggravation of symptoms during rainy days and some relief during summer.

Chief Complaints

The patient's primary complaints were cracked, crust-like lesions with intense itching and oozing, distributed all over her body, persisting for 17 years.

Baseline Findings

Upon initial assessment, the patient exhibited Grade 3 *lichenification*, an itching severity of Grade 8 on the Visual Analogue Scale (VAS), and Grade 3 oozing. A skin biopsy performed on 06/07/2016 had confirmed the diagnosis of spongiotic dermatitis histopathological.

Investigations (09/09/2021)

- **Blood:**
    - Hb: 9.1 gm% (indicating mild anemia)
    - DC: Neutrophil-53%, Lymphocytes-32%, Eosinophils-12% (elevated eosinophils, suggestive of allergic or parasitic conditions), Monocytes-3%, Basophils-0%
    - WBC: 8300 cells/cbmm (within normal range)
    - ESR: 35 mm/hr (elevated, indicating inflammation)
    - FBS: 76 mg/dl (within normal limits)
- **RFT (Renal Function Test):**
    - Urea: 21 mg/dl
    - Creatinine: 0.8 mg/dl
    - Uric acid: 3.2 mg/dl (all within normal limits)
- **LFT (Liver Function Test):**
    - Bilirubin Total: 0.7 mg/dl
    - SGOT: 18 IU/L
    - SGPT: 14 IU/L
    - Alkaline phosphatase: 79 U/L
    - Total protein: 6.2 gm/dl
    - Albumin: 4 gm/dl
    - Globulin: 2.9 gm/dl
    - A/G Ratio: 1.3 (all generally within normal limits, though total protein and globulin are borderline low)
- **TSH:** 89.84 mIU/ML (markedly elevated, confirming severe hypothyroidism)

History

The patient had a history of hypothyroidism for 13 years, for which she was presumably on medication. She also underwent surgery for drug-induced cataract 4 years prior. She reported known allergies to dust and detergents. A significant family history of skin disorder was also noted, with both her father and brother affected.

Ayurvedic Diagnosis

Based on the clinical presentation, chronicity, recurrent nature, and the patient's history of allergies and exposure to potential triggers, the condition was diagnosed as *Dooshivishajanya Vicharchika*. This diagnosis implies a chronic skin disorder (*Vicharchika*) caused by the accumulation of subtle or attenuated toxins (*Dooshivisha*) that gradually vitiate the *Doshas* (predominantly Pitta and Kapha) and *Dhatus* (especially Rakta, Mamsa, and Lasika), leading to persistent skin manifestations.

Materials and Methods (Treatment Protocol)

The Ayurvedic treatment protocol was meticulously designed to address the *doshic* involvement and the underlying *Dooshivisha*, employing a combination of *Shodhana* (purification) and *Shamana* (palliative) therapies. The treatment spanned a period of one year, incorporating various internal medications and external procedures.

Phase 1: Preparation for Purification (*Poorvakarma*)

1. **Rookshana (Drying Therapy):**
    a. **Medicine:** *Patola mooladi kashaya*
    b. **Purpose:** To reduce excess *Kapha* and *Ama* (undigested toxins), preparing the body for further purification.
2. **Acha Snehapana (Internal Oleation):**
    a. **Medicine:** *Maha tiktakam ghritam*
    b. **Purpose:** To lubricate the body channels, mobilize *Doshas* and toxins from deeper tissues into the gastrointestinal tract for elimination. *Maha tiktakam ghritam* is known for its efficacy in various skin disorders and its *Pitta-Kapha* pacifying properties.
3. **Mild *Swedana* (Mild Fomentation):**
    a. **Method:** *Ushnodaka snanam* (bathing with warm water)
    b. **Purpose:** To induce mild sweating, further liquefy mobilized *Doshas*, and open up the channels, facilitating their expulsion.

Phase 2: Purification (*Pradhanakarma*)

1. ***Virechana* (Therapeutic Purgation):**
    a. **Medicine:** *Avipathi choornam*
    b. **Purpose:** A potent purgative, *Avipathi choornam* was administered to eliminate vitiated *Pitta* and *Kapha Doshas* along with accumulated toxins (*Visha hara* action) from the gastrointestinal tract, which is considered the root of many skin disorders in Ayurveda. This is a crucial step for detoxification.

Phase 3: External Therapies

1. ***Takra Dhara* (Buttermilk Stream Therapy):**
    a. **Application:** Applied to the head only.
    b. **Purpose:** Primarily for *Manasika doshahara* (alleviating psychological imbalances) and its *Rasayana* (rejuvenative) and *Ojaskaram* (enhancing vitality) effects. Given the chronic nature of the disease and its impact on social life, addressing the mental aspect was crucial.
2. ***Kashaya Dhara* (Herbal Decoction Stream Therapy):**
    a. **Medicine:** *Aragwadadi gana*
    b. **Purpose:** Aragwadadi gana is a group of herbs known for its *Kushtahara* (anti-skin disease), *Vishahara* (anti-toxic), *Kaphahara* (Kapha-reducing), *Kandu hara* (anti-itching), and *Vrana sodhana* (wound cleansing) properties.

This external application directly targeted the skin lesions.

3. ***Abhyanga* (Oil Massage) and *Kandughna* (Anti-itching) Application:**
    a. **Medicine:** *Sudha durvadi kera*
    b. **Purpose:** To nourish the skin, reduce dryness, and alleviate itching.

Phase 4: Palliative and Rejuvenative Therapies (*Shamana Chikitsa*)

This phase involved long-term internal medications aimed at pacifying remaining *Doshas*, purifying blood, neutralizing toxins, and rejuvenating tissues to prevent recurrence.

1. **For *Visha* and *Ama* Management:**
    a. ***Sigrupunarnavadi agada*:** Indicated for *vishaja sopha* (toxic edema) and mentioned in *Keraleeya Visha Chikitsa*, this formulation directly addresses the *Dooshivisha* aspect.
    b. **Vilwadi agada:** Another potent *Visha hara* (anti-toxic) formulation, contributing to detoxification.
    c. ***Shaddharanam gulika*:** Primarily for *Ama pachana* (digesting toxins) and *Rookshana* (drying), helping to maintain the internal environment free of accumulating toxins.
    d. ***Dooshi vishari gulika*:** Specifically indicated for *Dooshivisha* and also possessing *Rasayana* properties.
2. **For *Rakta Prasadana* (Blood Purification):**
    a. ***Drakshadi kashaya*:** Known for its blood-purifying and *Pitta* pacifying effects, essential for healthy skin.
3. ***Rasayana* (Rejuvenation):**
    a. ***Rasa sindooram*:** A mercurial preparation used as a *Rasayana* and *Kushtahara*. It aims to strengthen the body's tissues, enhance immunity, and prevent the recurrence of the disease.

Phase 5: Discharge Medications

Upon discharge, the patient was advised to continue specific medications for sustained benefits:

1. ***Sigrupunarnavadi agada*:** Continued for its *vishaja sopha* action, particularly relevant for the *Dooshivisha* aspect.
2. ***Dooshi vishari gulika*:** Continued for its *Dooshivishahara* and *Rasayana* properties.
3. ***Njavara theppu* with *Manjishtadi kashaya*:**
    a. **Purpose:** For *Bhrimhana* (nourishing) and *Varna prasadanam* (improving skin complexion), aiding in the

healing and aesthetic recovery of the skin.

4. ***Pinyaka lepa* (Herbal Paste):**
    a. **Purpose:** To provide *Snigdha guna* (unctuousness) and local therapeutic effects for skin health.

The comprehensive nature of this protocol, addressing both systemic purification and localized skin care, along with an emphasis on neutralizing subtle toxins, formed the cornerstone of the management.

Results

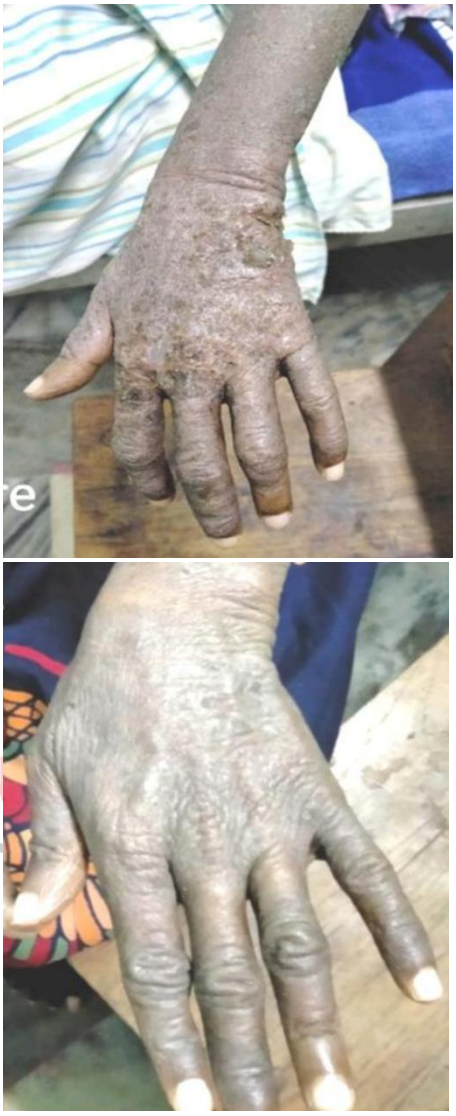
The Ayurvedic treatment protocol yielded remarkable improvements in the patient's condition over the treatment period.

Midpoint Progress

Significant reduction in symptoms was observed:

- Itching: Reduced from Grade 8 (VAS scale) to Grade 5.
- Oozing: Completely resolved, reduced from Grade 3 to Grade 0.
- Lichenification: Markedly improved, reduced from Grade 3 to Grade 1.

Endpoint Findings



The comparison of baseline and endpoint findings demonstrated a near-complete resolution of the chronic symptoms:

Symptom	Before Treatment (BT)	After Treatment (AT)
Itching (VAS)	Grade 8	Grade 1
Oozing	Grade 3	Grade 0
Lichenification	Grade 3	Grade 0

The patient reported leading a satisfactory life with no flare-ups observed until the time of reporting this case study.

Discussion

The successful management of this chronic case of spongiotic dermatitis, a condition that had plagued the patient for 17 years and was unresponsive to other systems of medicine, underscores the profound efficacy of a holistic Ayurvedic approach. From an Ayurvedic perspective, chronic inflammatory dermatoses like spongiotic dermatitis can be understood as *Vicharchika*, a type of *Kushta* (skin disease), often rooted in the vitiation of *Pitta* and *Kapha Doshas* along with *Rakta* and *Lasika* (lymph). The patient's history of allergies to dust and detergents, coupled with a family history of skin disorders, suggests a predisposition and chronic exposure to triggering factors, which aligns with the concept of *Dooshivisha*. *Dooshivisha* refers to attenuated or cumulative toxins that do not cause immediate severe symptoms but gradually accumulate and vitiate *Doshas* and *Dhatus*, leading to chronic, recurrent conditions. The aggravation during rainy days (often associated with increased *Kapha* and *Vata* vitiation) and relief during summer (*Pitta*-dominant season) further supports the *doshic* involvement.

The chosen treatment protocol was strategically designed to address these underlying Ayurvedic principles. The initial *Rookshana* with Patola mooladi kashaya aimed to dry up excessive moisture and *Kapha*, preparing the body for detoxification. This was followed by *Acha Snehapana* with Maha tiktakam ghritam, a classical preparation known for its *Pitta-Kapha* pacifying and detoxifying properties, which helps in mobilizing deep-seated toxins[5,8]. Mild *Swedana* further aided this mobilization.

The core of the *Shodhana* (purification) therapy was *Virechana* (therapeutic purgation) using Avipathi choornam[9]. *Virechana* is considered the prime purification therapy for *Pitta* and *Rakta* vitiation, which are central to inflammatory skin conditions. By expelling accumulated toxins and vitiated *Doshas* from the gastrointestinal tract, *Virechana* effectively cleanses the internal environment, providing a strong foundation for healing and preventing recurrence.

The inclusion of *Visha hara yogas* such as Sigrupunarnavadi agada, Vilwadi agada, and Dooshi vishari gulika was critical, directly targeting the *Dooshivisha* aspect[11,12,14]. These formulations are specifically designed to neutralize and eliminate subtle toxins, which are often implicated in chronic and recurrent skin conditions where conventional treatments fall short. *Rakta prasadana chikitsa* with Drakshadi kashaya further ensured the purification of the blood, a vital step in managing skin disorders as *Rakta* is considered a primary *Dhatu* involved in skin health.

External therapies played a significant supportive role. *Takra dhara* on the head addressed the psychological component, providing mental calmness and acting as a *Rasayana*. The chronic itching and social impact of the disease undoubtedly contributed to mental distress, and this therapy would have provided significant relief. *Kashaya dhara* with Aragwadadi gana directly applied to the lesions provided local anti-inflammatory, anti-itching, and wound-

cleansing effects[6,7]. *Njavara theppu* and *Pinyaka lepa* contributed to skin nourishment and healing.

Finally, the incorporation of *Rasayana chikitsa* with Rasa sindooram and Dooshi vishari gulika is crucial for long-term management. *Rasayanas* are rejuvenative therapies that enhance tissue strength, improve immunity, and prevent disease recurrence by nourishing the *Dhatus* and optimizing metabolic processes[6,10,13]. This aspect is particularly important in chronic conditions like spongiotic dermatitis, where the aim is not just symptomatic relief but also sustained remission.

It is also noteworthy that the patient had severe hypothyroidism (TSH 89.84 mIU/ML) which came down within normal limits (TSH 3.4 mIU/ML). While the Ayurvedic treatment was primarily focused on the skin condition, the holistic nature of Ayurveda often leads to improvements in overall health. Although not explicitly stated as a target of the Ayurvedic treatment in the abstract, the comprehensive detoxification and rejuvenation might have indirectly supported the endocrine system, contributing to the overall positive outcome and the patient's improved quality of life. This case highlights the potential of Ayurveda to manage complex chronic conditions by addressing their multifactorial etiology[15,16].

A limitation of this study is its single-case design, which limits generalizability. Further research with larger cohorts and controlled studies would be beneficial to validate these findings and establish standardized Ayurvedic protocols for spongiotic dermatitis. However, this case provides compelling evidence for the effectiveness of an individualized, comprehensive Ayurvedic approach.

Conclusion

Spongiotic dermatitis, a debilitating and recurrent inflammatory dermatosis, was successfully managed in a 41-year-old female patient with a 17-year history of the condition. By applying the principles of Ayurveda, specifically addressing the *Dooshivishajanya Vicharchika* diagnosis through a combination of *Shodhana* (purification) and *Shamana* (palliative) *chikitsa*, including specialized *Visha hara* combinations and *Rasayana* therapy, significant symptomatic relief was achieved. The patient experienced a remarkable reduction in itching, complete resolution of oozing, and full recovery from lichenification, leading to a satisfactory life with no reported flare-ups. This case study demonstrates the profound potential of Ayurveda in providing effective, long-term solutions for chronic dermatological conditions that often pose significant challenges in conventional medicine. Further research is encouraged to explore these therapeutic approaches on a larger scale.

References (Vancouver Style):

1. Weedon D. Weedon's Skin Pathology. 3rd ed. London: Churchill Livingstone; 2010.
2. Bolognia JL, Schaffer JV, Cerroni L. Dermatology. 4th ed. Elsevier; 2018. p. 217–27.
3. Pasricha JS. Clinical Dermatology. 5th ed. New Delhi: Jaypee Brothers; 2019.

4. Dogra S, Kumar B. Eczema and contact dermatitis. In: Valia RG, Valia AR, editors. IADVL Textbook of Dermatology. 3rd ed. Mumbai: Bhalani; 2008. p. 553–87.

5. Sharma PV. Chakradatta. Varanasi: Chaukhambha Orientalia; 2010. p. 370–5.

6. Dash B, Sharma BK. Charaka Samhita of Agnivesha, English translation based on Chakrapani. Vol. 1–4. Varanasi: Chowkhamba Sanskrit Series; 2014.

7. Gopalakrishna Pillai GN. Vaidya Jyotsnika Commentary on Sahasrayogam. 10th ed. Aluva: Vidyarambham Publishers; 2003. p. 196–8.

8. Sharma PV. Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Bharati Academy; 2003. p. 412–6.

9. Ministry of AYUSH. The Ayurvedic Formulary of India. Part I and II. New Delhi: Government of India; 2003.

10. Pandey MM, Rastogi S, Rawat AK. Indian traditional Ayurvedic system of medicine and nutritional supplementation. Evid Based Complement Alternat Med. 2013;2013:376327.

11. Saxena A, Dole V, Dhumal R. Clinical evaluation of Dooshivishari Agad in skin disorders – A pilot study. AYU. 2013;34(2):158–63.

12. Singh RH. Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med. 2010;1(2):91–5.

13. Tripathi KD. Essentials of Medical Pharmacology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers; 2019. p. 905–6.

14. Gokhale SB, Bhide SS. Evaluation of anti-inflammatory and anti-psoriatic activity of Panchatikta Ghrita in experimental models. Anc Sci Life. 2015;34(4):208–13.

15. Rathi B, Patil SM. Ayurvedic approach to eczema: A case study. J Res Ayurvedic Sci. 2020;4(3):135–40.

16. Choudhary N, Prasad S, Singh J. Management of Vicharchika with Ayurvedic principles: A case report. Ayu. 2012;33(4):579–81.

Conflict of Interest: None

Source of funding: Nil

Cite this article:

Ayurvedic management of spongiotic dermatitis – a case study

Sirosha M, Aswathi G, Sreevidya C G

Ayurlog: National Journal of Research in Ayurved Science- 2025; (13) (03): 01- 09