



Ayurveda Management of Ashy Dermatosis: A Case Report

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Abstract: Ashy dermatosis (*Erythema Dyschromicum Perstans*) is a chronic, acquired dermal melanosis of uncertain origin, marked by slowly progressive gray-brown macules and often resistant to standard therapies. The disorder affects both sexes and all age groups worldwide, with higher prevalence in darker skin types. Etiological factors remain unclear, but genetic predisposition, environmental triggers, infections, and drug reactions have been implicated. Diagnosis is primarily clinical, supported by histopathology showing basal cell vacuolization and dermal melanophages. Conventional treatment—including clofazimine, dapsone, topical corticosteroids, and photoprotection—frequently yields inconsistent results, underscoring the need for alternative strategies. A 60-year-old male with long-standing facial, cervical, and bilateral forearm hyperpigmentation failed to respond to allopathic treatment. A comprehensive Ayurvedic regimen achieved marked and sustained improvement. This report highlights the potential of Ayurvedic management in pigmentary disorders that are refractory to standard medical therapy.

IndexTerms – Ashy Dermatositis; Vyanga; Pitta-Kapha Twak Vikara

I. INTRODUCTION

Ashy dermatosis, also known as erythema dyschromicum perstans (EDP), is a chronic acquired dermal melanosis of uncertain etiology, characterized by the gradual appearance of slate-gray or blue-brown macules¹. First described by Ramirez in 1957, the condition typically begins insidiously and progresses slowly, often affecting the face, neck, upper trunk, and proximal extremities. It is most commonly reported in individuals with darker skin types and across tropical and subtropical regions, though cases occur worldwide². The etiopathogenesis remains elusive. Proposed contributors include genetic susceptibility, autoimmune mechanisms, chronic infections, exposure to certain chemicals or cosmetics, and photo-induced triggers. Histopathology typically reveals vacuolar alteration of the basal cell layer with dermal melanophages, features that help differentiate EDP from other pigmentary disorders such as lichen planus pigmentosus, post-inflammatory hyperpigmentation, and drug-induced melanosis³. The condition can be correlated with Vyanga⁴ and Pitta Kapha Twak Vikara. Vyanga is characterized by painless bluish-black or brownish patches predominantly on face, arising from vitiation of Raktha and Mamsa.

Management is challenging because therapeutic responses are unpredictable. Standard interventions—such as clofazimine, dapsone, topical corticosteroids, calcineurin inhibitors, and photoprotection—often provide only partial or temporary benefit, and spontaneous remission is rare. Consequently, patients frequently explore integrative or traditional approaches, including Ayurveda, to address persistent hyperpigmentation and improve quality of life. Documenting successful alternative treatments can therefore expand the therapeutic evidence base and offer practical guidance to clinicians.

II. CASE PRESENTATION

A 60-year-old male presented with a 5–6-year history of progressive, diffuse greyish-black discoloration involving the face, neck, and bilateral forearms. The lesions were asymptomatic, non-scaly, and slowly enlarging, with periodic darkening after sun exposure. He had lived for several years in Abu Dhabi, working in an air-conditioned office, and reported long-term use of fairness cream and sunscreen but no history of chronic illness, drug allergy, or similar family disorders. Prior allopathic treatment, including topical and oral medications prescribed by a dermatologist, produced no clinical improvement.

Cutaneous examination revealed multiple ill-defined, slate-gray macules of varying size over sun-exposed sites, with sparing of mucosae, scalp hair, and nails. Routine hematological and biochemical investigations, including thyroid profile and autoimmune screening, were within normal limits. A skin punch biopsy from an affected area demonstrated epidermal basal cell vacuolar alteration with abundant dermal melanophages, consistent with erythema dyschromicum perstans (ashy dermatosis). These findings confirmed the clinical diagnosis and excluded differential diagnoses such as lichen planus pigmentosus or post-inflammatory hyperpigmentation.

AYURVEDA ASSESSMENT

- *Prakṛti* (Constitution): *Vata–Pitta* dominant
- *Vikṛti* (Current imbalance): *Pitta- Kapha* aggravation with *Rakta Dhatu Dushti* (vitiation)
- *Samprapti* (Pathogenesis): Prolonged exposure to sun and use of chemical-based fairness creams acted as *Nidanas* (etiological factors) causing *Doṣa Prakopa*—primarily *Pitta* (due to heat and photosensitivity) and *Kapha*. These vitiated *Doṣas* led to *Rakta Dhatu Dushti*, manifesting as *Kṛṣṇa Varṇa Mandala* (slate-gray macules) corresponding to *Vyanga/Kushta* presentations.
- *Lakṣhaṇas* (Clinical features): *Tamrarūṇa Varṇa* initially turning into *Neela-Kṛṣṇa Varṇa* patches; absence of itching or burning; slow progression—aligning with *Pitta - Kapha* involvement.
- *Agni* (Digestive fire): *Manda Agni* with occasional *Amotpatti* (low digestive strength with mild toxin accumulation).
- *Srotas* (Channels affected): *Rasavaha* and *Raktavaha srotas* primarily.
- *Doṣa–Duṣhya Saṁmūrchana*: *Pitta-Rakta* interplay leading to dermal hyperpigmentation.
- *Rogi Bala* (Patient strength): *Madhyama Bala* (moderate strength).

DIAGNOSIS

Clinical presentation of multiple slate-gray lesions over the face, neck, and bilateral forearms, confirmed by skin biopsy, established the diagnosis of Ashy Dermatitis (Erythema Dyschromicum Perstans). The patient's grayish-black facial and forearm patches closely resemble *Vyanga*, a *Pitta-Kapha Pradhana Twak Vikara*.

MANAGEMENT

Based on the *Dosha* vitiation and *Rakta Dhatu* vitiation, treatment was decided for the correction of pigmentary imbalance for a period of 14 days.

Table no:1 Internal Medicines

No.	Medicines	Dose
1	<i>Punarnavadi Kashayam</i>	60ml twice daily before food
2	<i>Manjishtadi Kashayam</i>	60ml twice daily before food
3	<i>Khadirarishtam</i>	15ml twice daily after food
4	<i>Taramandooram</i>	1 tab with <i>kashaya</i>
5	<i>Vaiswanara Choornam</i>	10gm with warm water at night

Table no:2 External Procedures

No.	Procedure with medicine	Dosage & Timings
1	<i>Nasya</i> with <i>Kumkumadi Taila</i> <i>Mukhabhyanga</i> with <i>Kumkumadi Taila</i>	2.5ml each nostrils Face and neck
2	<i>Lepa</i> with <i>Eladi Choorna</i> and rose water	Daily morning
3	<i>Lepa</i> with <i>Haridra</i> and Honey, Followed by application of <i>kumkumadi taila</i>	Daily evening

III. RESULTS AND DISCUSSION

RESULTS

Before the treatment, the patient had extensive grayish-black lesions across the face, neck, and bilateral forearms with mild surface roughness and frequent darkening after sun exposure. By 14 days the pigmentation had lightened slightly with softer skin texture and only occasional post-sun darkening. The patient reported improved comfort and no adverse effects occurred throughout treatment.



Figure 1: Before Treatment



Figure 2: After Treatment

DISCUSSION

Ashy dermatosis (*Erythema Dyschromicum Perstans*) is a chronic dermal melanosis that often shows poor response to conventional therapies such as topical steroids, phototherapy, or systemic agents. In this case, the classical Ayurvedic approach focusing on *Raktashodhana* (blood purification), *Pitta-Kapha* pacification, and enhancement of *Varnya* (complexion) properties produced a slight reduction in pigmentation and improved skin texture within 14 days, without adverse effects. From an Ayurvedic perspective, the patient's presentation corresponds to *Vyanga*, a *Pitta-Kapha pradhana Twak Vikara* involving vitiation of *Rakta* and *Mamsa Dhatus*. Aggravated *Pitta* increases dermal heat and melanin activity, while *Kapha* causes stagnation and dullness. The chosen internal and external treatments collectively addressed these doshic imbalances and supported the favorable outcome.

*Punarnavadi Kashayam*⁵ acts as a *Tridosha-hara* and blood purifier, aiding detoxification and reducing inflammation. *Manjishtadi Kashayam*⁶ provides potent *Raktashodhana* and depigmenting effects by improving microcirculation and pacifying *Pitta*. *Khadirarishtam*⁷ supports skin clarity through its *Kusthaghna* and antimicrobial properties while balancing *Kapha-Pitta*. *Taramandooram*⁸, rich in *Loha bhasma*, enhances hemoglobin, supports liver function, and corrects *Rakta dhatu* disorders to restore normal pigmentation. *Vaiswanara Choornam*⁹ improves digestion and eliminates *Aama*, reducing *Kapha* and supporting systemic detoxification essential for chronic skin conditions. *Nasya* with *Kumkumadi Taila*¹⁰ nourishes facial tissues, enhances microcirculation, and promotes a clear, even complexion. *Lepa* with *Eladi Choornam*¹¹ and rose water cools and detoxifies the skin, reducing *Pitta-Kapha* imbalance and pigmentation. The *Haridra*¹²-Honey *lepa* provides anti-inflammatory and antioxidant effects, while subsequent *Kumkumadi Taila* application supports regeneration, moisturization, and natural radiance.

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