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A CASE REPORT ON AYURVEDIC MANAGEMENT OF CHRONIC PHOTODERMATITIS

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Abstract

Chronic photodermatitis is an inflammatory skin disorder characterized by an abnormal reaction to sunlight, commonly presenting with erythema, pruritus, burning sensation, scaling, hyperpigmentation, and lichenification over sun-exposed areas. This case report describes a 60-year-old female with chronic facial photodermatitis of five years' duration. In Ayurvedic terms, the condition was assessed as *Twak Vikara* with predominance of *Pitta-Rakta Dushti* and associated *Kapha* and *Vata* involvement. The patient received a *Shamana Chikitsa* regimen comprising *Panchatikta Ghrita*, *Panch Nimbadi Choorna*, *Haridrakhand*, *Khadirarishta*, *Aragwadhadi Mahakashaya*, *Arogyavardhini Vati*, and Aller-N capsules. After two months of follow-up, itching and burning were markedly reduced, while erythema, hyperpigmentation, scaling, and lichenification were reduced; sleep also improved. This case suggests a favourable outcome with an Ayurvedic approach; larger controlled studies are required.

Keywords: photodermatitis; photo-induced dermatosis; *Twak Vikara*; *Pitta-Rakta Dushti*; Ayurvedic management

Introduction

Photodermatitis is a chronic inflammatory skin disorder caused by abnormal sensitivity of the skin to ultraviolet radiation or visible light. It commonly affects sun-exposed areas such as the face, neck, forearms, and hands, with erythema, intense itching, burning sensation, papules, scaling, hyperpigmentation, and, in chronic cases, lichenification. Persistent symptoms may interfere with daily activities and reduce quality of life.

In Ayurveda, photodermatitis is not described as a separate disease entity; however, its clinical features may be correlated with *Twak Vikara* involving vitiation of *Pitta* and *Rakta*, with associated *Kapha* and *Vata* involvement. *Agnimandya* may lead to *Ama* formation, which, together with aggravated *Pitta* and *Rakta*, affects the *Rasavaha* and *Raktavaha Srotas* and produces inflammation, itching, burning, discoloration, and chronic skin changes. Sun exposure, *Viruddha Ahara*, spicy food, and irregular lifestyle habits may further aggravate the condition.

The Ayurvedic therapeutic approach focuses on correcting *Dosha* imbalance, improving *Agni*, eliminating *Ama*, purifying *Rakta*, and supporting normal function of the affected *Srotas*. The present case reports the clinical outcome of an individualized Ayurvedic regimen in chronic photodermatitis.

Case Presentation

Patient Information

Parameter	Details
Patient ID	Case 1 – Female
Patient name	Mrs. Parwati Singh
Age/Sex	60 years/Female
Occupation	Housewife
Date of first visit	21 April 2026
Duration of illness	5 years

Chief Complaints

- Severe itching over the face for the previous five years.
- Redness and burning sensation after exposure to sunlight.
- Hyperpigmentation and thickening of skin over sun-exposed areas.
- Papular eruptions with occasional scaling.
- Aggravation after sun exposure, limiting outdoor activities.
- Disturbed sleep due to persistent itching and burning sensation.

Diagnosis and Triggers

Assessment	Finding
Modern diagnosis	Chronic photodermatitis
Ayurvedic assessment	*Twak Vikara* due to *Pitta-Rakta Dushti*, with *Kapha* and *Vata* involvement
Reported triggers	Prolonged sunlight exposure; hot weather and excessive heat; outdoor activities with increased sun exposure

Therapeutic Intervention

After clinical evaluation, treatment was planned on the principles of *Pitta-Rakta* Sh*ama*na and *Twak Vikara Chikitsa*. Internal Ayurvedic medications were advised, together with appropriate dietary and lifestyle measures. The patient was reviewed after two months.

S. No.	Treatment / Management	Dose	Frequency	Route
1	*Panchatikta Ghrita*	2 teaspoons	Twice daily (BD)	Oral
2	*Panch Nimbadi Choorna*	1 teaspoon	Twice daily (BD)	Oral
3	*Haridrakhand*	1 teaspoon	Twice daily (BD)	Oral
4	Aller-N capsule	1 tablet	Twice daily (BD)	Oral
5	*Khadirarishta*	1 teaspoon	Twice daily (BD)	Oral
6	*Aragwadhadi Mahakashaya*	1 teaspoon	Twice daily (BD)	Oral
7	*Arogyavardhini Vati*	1 tablet	Twice daily (BD)	Oral

Table 1. Ayurvedic therapeutic regimen administered in the present case.

Outcome and Follow-up

At the two-month follow-up, the patient reported marked reduction in itching and burning sensation. Erythema, hyperpigmentation, scaling, and skin thickening were reduced, and sleep quality improved.

S. No.	Symptom	Before Treatment	After Follow-up
1	Itching (Pruritus)	Present	Markedly reduced
2	Burning sensation	Present	Markedly reduced
3	Erythema (Redness)	Present	Reduced
4	Hyperpigmentation	Present	Reduced
5	Scaling	Present	Reduced
6	Skin thickening (Lichenification)	Present	Reduced
7	Disturbed sleep	Present	Improved

Table 2. Clinical symptoms before treatment and at follow-up.

Figure 1. Clinical photographs before treatment and after follow-up.

Discussion

Sun-induced skin allergy or photo-induced dermatosis can present with itching, burning sensation, erythema, scaling, hyperpigmentation, and disturbed sleep. From an Ayurvedic perspective, the condition may be understood as a predominance of *Pitta* and *Rakta* Dushti, particularly involving *Bhrajaka Pitta*. The chronicity of the condition, together with dryness, itching, scaling, and skin thickening, also suggests associated *Vata* and *Kapha* involvement.

In the present case, treatment was planned with the objectives of *Pitta Shamana*, *Rakta Shodhana*, *Ama Pachana*, and support of skin health. *Panchatikta Ghrita* was prescribed for its *Pitta*-pacifying and skin-supportive role. *Panch Nimbadi Choorna*, *Haridrakhand*, and *Khadirarishta* were included to support *Rakta Shodhana* and address itching, burning, and inflammatory skin manifestations. *Aragwadhadi Mahakashaya* was used to support *Pitta-Kapha* pacification and *Rakta* purification. *Arogyavardhini Vati* was included for *Ama Pachana* and metabolic support, while Aller-N capsules were used as supportive management for allergic symptoms.

Following treatment, itching and burning sensation were markedly reduced. Erythema, hyperpigmentation, scaling, and lichenification were reduced, with improvement in sleep

quality. The clinical photographs also show improvement in the appearance of the affected facial skin. As this is a single case, the observed outcome cannot establish efficacy; larger controlled studies are required.

Conclusion

This single-case report showed a favourable clinical outcome with an Ayurvedic management approach for chronic photodermatitis. The combination of *Panchatikta Ghrita*, *Panch Nimbadi Choorna*, *Haridrakhand*, *Khadirarishta*, *Aragwadhadi Mahakashaya*, *Arogyavardhini Vati*, and Aller-N capsules was associated with reduced itching, burning sensation, erythema, scaling, hyperpigmentation, and lichenification, together with improved sleep. The regimen was planned according to the principles of *Pitta Shamana*, *Rakta Shodhana*, and *Ama Pachana*. Larger controlled studies are needed to assess effectiveness and safety.

Declaration of Patient Consent

Written informed consent for publication of the case details and clinical photographs should be obtained and retained by the authors before manuscript submission.

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