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SUCCESSFUL MANAGEMENT OF SIDHMA KUSTHA (TINEA VERSICOLOR) THROUGH AYURVEDIC SAMANA CIKITSA: A CASE STUDY

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ABSTRACT

Background: Skin diseases are increasingly prevalent in tropical countries like India and significantly affect physical and psychological well-being. In Ayurveda, all skin disorders are broadly classified under *Kustha*. *Sidhma Kustha*, one of the *Ksudrakustha* types, closely resembles Tinea versicolor (Pityriasis versicolor) in modern dermatology — a superficial fungal infection characterized by hypopigmented or hyperpigmented scaly patches.

Case Presentation: An 18-year-old male student presented with hypopigmented patches and fine scaling over the right side of the face and near the right earlobe, associated with severe itching for 15 days, with a history of recurrence over four months. He was diagnosed with *Sidhma Kustha* (Tinea versicolor) based on classical Ayurvedic signs and clinical presentation.

Treatment and Outcome: The patient was managed with Ayurvedic Samana Cikitsa comprising internal medicines — Amalaki Curna, Saptamrta Lauha, Kaisora Guggulu, Pancanimba Curna, Vidanga Curna, Krimi Mudgara Rasa, and Khadirarista — along with local application of Brhat Maricyadi Taila and Nimba Taila for 30 days. Marked reduction in itching

and scaling was observed by Day 15, with complete resolution of lesions and normalization of skin colour by Day 30. No adverse effects were reported.

Conclusion: This case demonstrates that Ayurvedic Samana Cikitsa, by addressing Dosa imbalance, Rakta dusti, Krimi involvement, and lifestyle factors, can achieve complete and sustained remission of *Sidhma Kustha*, offering a holistic alternative for managing recurrent superficial fungal skin infections.

Keywords: *Sidhma Kustha, Tinea versicolor, Ayurveda, Samana Cikitsa, Kustha*

1. INTRODUCTION

Skin diseases are among the most prevalent health conditions in tropical and developing countries like India, where climatic conditions, lifestyle changes, poor dietary habits, and inadequate hygiene contribute to their rising incidence. In Ayurveda, all dermatological disorders are classified under the broad category of *Kustha*, further divided into *Mahakustha* (severe, chronic, deep-seated conditions) and *Ksudrakustha* (milder, superficial disorders).

Sidhma Kustha is described variably by classical Ayurvedic scholars. According to *Acharya Charaka*¹, *Sidhma* is characterized by fine branny desquamation, appearing similar to the color of *Alabupushpa* (*Lagenaria siceraria*). The lesions of *Sidhma* are white or coppery in color resembling to *P. versicolor* in terms of scaling, site and color of the lesion. *Sidhma* is categorized under *Mahakushtha* by *Acharya Charaka*² & in *Kshudra kushtha* by *Acharya Sushruta*³ means the type of *Kushtha* which neither progresses nor decreases but remains static for a longer time. *Acharya Dalhana* clarifies there are two types of *Sidhma Kustha* as *Sidhma* & *Pushpikasidhma*. The *Dosha-dushya sammurchhana* in *Pushpikasidhma* is weak, local immunity is strong & hence the *samprapti* does not invade the consecutive *dhatu*s at all & gets cured earlier. *Haranachandra*, the commentator of *Sushruta Samhita* has given the meaning of '*Apayi*' as the disappearing in the winter season and '*Akastakari*' i.e. not troublesome to the patient. *Acharya Charaka* classifies it under *Mahakustha* with Vata-Kapha predominance, whereas *Acharya Susruta* considers it a Kapha-pradhana *Ksudrakustha*, primarily affecting the *Avabhasini tvak* (outermost skin layer). Clinically, it presents as white or coppery patches with fine scaling and itching, predominantly on the upper body.

This case study aims to document the successful Ayurvedic management of *Sidhma Kustha* and highlight the rationale behind the therapeutic protocol used.

2. CASE PRESENTATION (MATERIALS AND METHODS)

2.1 Patient Profile

An 18-year-old male student reported to the Outpatient Department (OPD) of the National Institute of Ayurveda, Jaipur, with hypopigmented multiple patches over the right side of the face and near the right earlobe, associated with fine scaling and severe itching of 15 days duration. He had a history of similar complaints recurring intermittently over the past four months. No history of systemic illness, drug allergy, or surgical intervention was reported.

2.2 Table 1: Personal and Medical History

Parameter	Details
Occupation	Student
Diet	Vegetarian
Addiction	None
Bowel habits	Regular
Appetite	Average
Sleep	Disturbed (due to itching)
Bladder habits	Normal

2.3 Table 2: General Physical Examination

Parameter	Observation
Height	160 cm
Weight	53 kg
BMI	20.7 kg/m ²
Blood Pressure	130/80 mmHg
Temperature	Afebrile
Pulse Rate	80/min
Pallor / Icterus / Edema	Absent

2.4 Table 3: Ashtavidha Pariksha (Eight-fold Ayurvedic Examination)

Parameter	Finding
Nadi (Pulse)	Pitta-Kaphaja
Mala (Stool)	Baddha (constipated)
Mutra (Urine)	Prakrta (normal)
Jihva (Tongue)	Isat Sama (slightly coated)
Sabda (Voice)	Spasta (clear)
Sparsa (Skin)	Prakrta (normal)
Drk (Eyes)	Prakrta (normal)
Akrti (Build)	Krsa (lean)

2.5 Table 4: Samprapti Ghataka (Pathological Factors)

Factor	Description
Dosa	Tridosaja (Kapha predominance)
Dusya (Tissues affected)	Rakta, Lasika, Tvak, Mamsa
Srotas (Channels)	Raktavaha Srotas
Srotodusti (Channel disturbance)	Sanga (blockage)
Udbhava Sthana (Origin)	Amasaya (digestive system)
Adhithana (Site of disease)	Tvak (skin)

2.6 Diagnosis

Based on classical Ayurvedic signs and the clinical presentation, the condition was diagnosed as *Sidhma Kustha*, which clinically correlates with Tinea versicolor (Pityriasis versicolor) in modern dermatology.

3. TREATMENT PROTOCOL

The patient was prescribed Ayurvedic *Samana Cikitsa* for a period of 30 days, with follow-up every 15 days. The treatment included both internal medications and external applications, as detailed in Table 5.

Table 5: Treatment Protocol

S.No.	Medicine	Dose	Route	Anupana (Vehicle)
1	Amalaki Curna + Saptamrta Lauha + Kaisora Guggulu	3g + 2g + 500mg	Oral (OD)	Kosna Jala (warm water)
2	Pancanimba Curna + Vidanga Curna	4g + 1g	Oral (BD)	Kosna Jala
3	Krimi Mudgara Rasa	250 mg	Oral (BD)	Kosna Jala
4	Brhat Maricyadi Taila + Nimba Taila	2 ml each	Local application (BD)	—
5	Khadirarista	20 ml	Oral (BD)	Kosna Jala

OD: Once daily; BD: Twice daily

Pathya-Apathya (Dietary and Lifestyle Advice)

The patient was instructed to avoid incompatible food combinations, junk food, and excessive intake of oily, salty, and spicy items. Daytime sleeping was discouraged. Emphasis was placed on maintaining personal hygiene and adhering to regular follow-up visits.

4. RESULTS

Clinical assessment was performed at baseline, Day 15, and Day 30. The following outcomes were recorded:

Symptom / Sign	Baseline	Day 15	Day 30
Itching (Kandu)	Severe	Moderate reduction	Complete relief
Scaling (Twak Sphutana)	Present (fine, diffuse)	Marked reduction	Absent
Hypopigmented patches	Multiple, right face & earlobe	Fading	Complete resolution
Skin color	Abnormal (hypopigmented)	Improving	Normal
Adverse effects	—	None	None

Photographic documentation confirmed visible clearance of lesions and restoration of normal skin pigmentation by Day 30.

PHOTOGRAPHIC EVIDENCE-

visible improvement noted in post treatment images,including clearance of lesion and pigmentation.



5. DISCUSSION

The therapeutic success in this case can be attributed to the synergistic action of the internal and external medicines used, each targeting a distinct pathological factor involved in Sidhma Kustha.

5.1 Amalaki Curna + Saptamrta Lauha + Kaisora Guggulu

Amalaki Curna (*Emblica officinalis*) acts as a Rasayana and Pitta-samaka, with well-documented antioxidant and mild antifungal properties. It improves Agni and Rakta suddhi (blood purification), thereby enhancing overall immunity and skin health.⁴Saptamrta Lauha, an iron-based classical formulation, supports Rakta dhatu nourishment and skin tissue regeneration, addressing the chronic inflammation and pigmentation changes associated with blood imbalances⁵ Kaisora Guggulu, widely indicated in Kustha roga, exerts anti-inflammatory, Kusthaghna (anti-dermatological), and Raktaprasodhana (blood-purifying)

actions, facilitating the removal of accumulated toxins and supporting healing of recurrent lesions.⁶

5.2 Pancanimba Curna + Vidanga Curna

Pancanimba Curna, a combination of five bitter Neem-family herbs, possesses potent Kusthaghna (anti-skin disease) and Kandughna (anti-pruritic) properties. It pacifies Kapha and Pitta doshas, reduces skin oiliness, and inhibits fungal proliferation.⁷ Vidanga Curna (*Embelia ribes*), renowned for its Krimighna (antimicrobial and antiparasitic) action, improves Agni, eliminates Ama (metabolic toxins), and purifies blood and skin tissues — directly addressing the fungal overgrowth responsible for Sidhma Kustha.⁸

5.3 Krimi Mudgara Rasa

Krimi Mudgara Rasa is an Ayurvedic mineral formulation primarily indicated for conditions involving Krimi (microbial or parasitic organisms) and toxin accumulation. In Sidhma Kustha, fungal overgrowth is supported by Kapha dominance, Mandagni, and Ama accumulation. Krimi Mudgara Rasa, through its Krimighna (antimicrobial), Dipana-pacana (digestive-enhancing), and detoxifying actions, eliminates pathogenic organisms and reduces internal toxin load. It also enhances bioavailability of co-administered Ayurvedic medicines.⁹

5.4 Brhat Maricyadi Taila + Nimba Taila (External Application)

Brhat Maricyadi Taila contains Maricha (*Piper nigrum*) and other Kusthaghna and Kandughna herbs. Its local application removes superficial scaling, improves cutaneous circulation, and clears Kapha accumulation in the skin layers.¹⁰ Nimba Taila is well established for its potent antifungal, antimicrobial, anti-inflammatory, and blood-purifying properties. It controls fungal proliferation, relieves pruritus, and soothes inflamed skin.¹¹ Together, these oils provide direct topical action against the causative organism while restoring healthy skin texture.

5.5 Khadirarista

Khadirarista, a classical fermented Ayurvedic formulation, derives its primary activity from Khadira (*Acacia catechu*), which is known for Kusthaghna, Kandughna, and Rakta-sodhaka properties. Its fermented preparation enhances bioavailability and improves intestinal absorption, thereby correcting impaired Agni — a key etiological factor in chronic skin

disorders.¹² Regular use supports long-term detoxification and significantly reduces disease recurrence.

Collectively, the treatment protocol addressed the classical disease factors: Dosa vitiation (Kapha-Pitta), Dhatu dusti (Rakta, Tvak), Agni daurbalya (metabolic weakness), Krimi anubandha (microbial involvement), and Srotas avarodha (channel obstruction). Adherence to Pathya-Apathya reinforced treatment outcomes by eliminating precipitating dietary and lifestyle factors.

6. CONCLUSION

This case report provides documented clinical evidence of the successful management of Sidhma Kustha (Tinea versicolor) through Ayurvedic Samana Cikitsa. By addressing the root pathological factors — Dosa imbalance, Dhatu dusti, Agni impairment, Srotas obstruction, and Krimi involvement — complete remission was achieved within 30 days without any adverse effects. Adherence to Pathya-Apathya is essential for sustained recovery and prevention of recurrence. Ayurveda thus offers a holistic, safe, and effective approach to managing recurrent superficial fungal skin infections, warranting further clinical trials to substantiate these findings.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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