



AYURVEDIC INTERVENTION IN DARUNAKA (PITYRIASIS CAPITIS) - A CASE REPORT

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Article Received on 31/05/2025

Article Revised on 20/06/2025

Article Accepted on 10/07/2025

ABSTRACT

Darunaka is one of the *Kapalagata rogas* mentioned by *Acharya Vagbhata* and a *Kshudra roga* according to *Acharya Sushruta*. It is a *Kaphavataja roga* along with *anubandha* of *Pitta* and *Rakta* as per *Videha Nimi*. It is characterised by *Kandu* (Itching), *Raukshya* (dryness), *Twak sphutana* (scaling) of *kapala* (scalp) and *Keshachyuti* (hairfall). Treatment mentioned in Ayurvedic classics include *Snehana*, *Swedana*, *Shodhana*, *Siravyadhana*, *Avapeeda nasya*, *Shirobasti* and *Shiroabhyanga* and *Prakshalana*. *Darunaka* can be correlated to a type of seborrheic dermatitis called *Pityriasis capitis*, commonly known as *Dandruff*. It is one of the commonly seen conditions in *Shalakya OPD*. It causes discomfort and embarrassment to the patients. For the present case study, a 49-year-old female patient with complaints of powdery flaky discharge and hairfall for 2 months was taken for treatment. She was treated with *Mahamanjishthadi Kashaya siddha Takradhara* and internal medications. There was significant reduction in itching, powdery discharge and hairfall after the treatment.

KEYWORDS: *Darunaka*, *Takradhara*, *Pityriasis capitis*, *Dandruff*.

INTRODUCTION

Darunaka is one of the *Kapalagata rogas* mentioned by *Acharya Vagbhata*.^[1]

Acharya Sushruta has included it under the concept of *Kshudra rogas*.^[2] It is a *Kaphavataja roga*. According to *Videha Nimi*, there is also *anubandha* of *Pitta* and *Rakta*.

It is characterised by the following symptoms- *Kandu* (Itching), *Raukshya* (dryness), *Twak sphutana* (scaling) of *kapala* (scalp) and *Keshachyuti* (hairfall). It can be correlated to a type of seborrheic dermatitis called *Pityriasis capitis*, commonly known as *Dandruff*. It is one of the commonly seen conditions in *Shalakya OPD*.

‘Pityriasis’ meaning flaking or scaling, is derived from a German word which literally translates to Bran or the outer covering of the grain, related to dandruff with respect to its dry and rough appearance. ‘Capitis’ refers to its location i.e. the scalp.

In *Pityriasis Capitis*, the shedding of skin cells occurs at a much higher rate than normal. The dead cells that are shed clump together due to the existing oil content in the scalp which gives rise to white flakes.

The scalp has a biotic network out of which, *Staphylococcus* species, *Propionibacterium* species, and *Malassezia* species are known components. Disequilibrium in the presence of this major microbial population of bacteria and fungus colonizing the scalp is found to have a very close association to the presence of dandruff according to few studies.

Some metabolic products of tryptophan such as its indole derivatives of *Malassezia* are one of the main causes of dandruff. Individual susceptibility and allergy sensitivity are one of the most important causes of dandruff. Heredity only plays a small role in developing a predisposition for this condition. Other probable causes like stress, poor diet, genetic disposition, hormonal imbalances, and infections further contribute to developing dandruff.

The current anti-dandruff treatment contains antifungal, keratolytic, anti-inflammatory, anti-sebum, and antibacterial agents. But these agents have shown only temporary relief and the relapse of dandruff in these patients are very common.^[3]

Treatment mentioned in Ayurvedic classics include *Snehana*, *Swedana*, *Shodhana*, *Siravyadhana*, *Avapeeda*

nasya, *Shirobasti* and *Shiroabhyanga* and *Prakshalana*. Ayurvedic intervention aims to correct the root cause by acting over *doshas*, *dhatus* and *malas*. For the present study, *Mahamanjishthadi kashaya siddha Takradhara* and internal medications were administered to the patient.

MATERIALS AND METHODS

CASE REPORT

Chief Complaints- A 49-year-old female patient, a sweeper by profession, visited the *Shalaky* OPD of Government Ayurveda Medical College, Bengaluru with complaints of severe itching, powdery flaky discharge from the scalp and hairfall for 2 months.

Medical history -The patient did not have any systemic disorders.

Personal History- The patient had Mixed dietary food habit, Appetite was Moderate, Bowel was Regular, Micturition and Sleep were found to be Normal. Tongue was Coated.

GENERAL PHYSICAL EXAMINATION

Pallor, No Icterus, No Cyanosis, No Koilonychia, No Lymphadenopathy, No Edema, CVS, RS, CNS- No significant abnormalities.

Dashavidha Pareeksha

1. *Prakruti*- Kapha Vata

LOCAL EXAMINATION

Table 1: Assessment Criteria.^[4]

Shirokandu

Parameter	Grade
No itching	0
Mild (Does not disturb daily routine)	1
Moderate (Frequently, Tolerable, Disturbs daily routine)	2
Severe (Constantly, Intolerable, Disturbs daily routine)	3

Raukshya

Parameter	Grade
No dryness	0
Mild; Dryness with rough skin	1
Moderate; Dryness with scaling	2
Severe; Dryness with cracking skin	3

Twaksphutana

Parameter	Grade
No scaling	0
Mild; Scraping presented	1
Moderate; Scaling visible over hair	2
Severe; Scaling visible over hair with oozing of blood	3

Keshachyuti^[5]

Parameter	Grade
Absent	0
Occasional loss (on washing)	1
Moderate loss (on combing)	2
Severe loss (on mild stretching)	3

2. *Vikruti*- Kapha Vata
3. *Sara*- Madhyama
4. *Samhanana*- Madhyama
5. *Satmya*- Madhura, Amla, Katu rasa satmya
6. *Satva*- Madhyama
7. *Aharashakti*- Madhyama
8. *Vyayamashakti*- Madhyama
9. *Bala*- Madhyama
10. *Vaya*- Madhyama

Nidana Panchaka

1. *Nidana*- Ratri jagarana, Utsweda, Ama, Atisevana of Kaphakara ahara like Dadhi, Pickles, not maintaining proper hygiene of scalp (*Mrujadwesa*)
2. *Purvarupa*- slight itching of scalp
3. *Rupa*- Shirokandu, keshachyuti, swapa, raukshya, twak sphutana
4. *Upashaya*- shirahsnana
5. *Samprapti*- Nidana sevana→Kapha Vata prakopa, Pitta and Rakta anubandha→Rasa, Rakta dushti→Sthana samshraya in Kapala→Darunaka

Samprapti ghatakas

Dosha- Kapha-Vata, Pitta and Rakta anubandha

Dushya- Twak, Rakta

Srotas- Rasavaha, Raktavaha

Agni- Jatharagni, Dhatvagni

Adhishtana- Kapala

Vyakta sthana- Kapala

Table 2: Treatment Protocol.

Day	Drug	Dose	Anupana	Route	Duration
Day 1 to Day 7	<i>Chitrakadi vati</i>	1 BD before food	<i>Sukhoshna jala</i>	Internally	7 days
	<i>Mahamanjishthadi Kashaya</i>	15 ml before food	30 ml of <i>Sukhoshna jala</i>	Internally	7 days
Day 8 to Day 14	<i>Manjishthadi kashaya siddha Takradhara</i>	-	-	Locally	7 days
Day 15 to Day 29	<i>Mahamanjishthadi Kashaya</i>	15 ml before food	30 ml of <i>Sukhoshna jala</i>	Internally	15 days
	<i>Triphala kashaya Prakshalana</i>	-	-	Locally	Twice a week
	<i>Brahmi taila Shiroabhyanga</i>	-	-	Locally	Alternate days
Day 30 to Day 45	<i>Triphala kashaya Prakshalana</i>	-	-	Locally	Twice a week
	<i>Brahmi taila Shiroabhyanga</i>	-	-	Locally	Alternate days

In addition to the medications, patient was educated regarding *Pathya* and *Apathya*.

RESULT

The findings before and after treatment have been mentioned in Table 3, Fig.1 and Fig.2.

Table 3: Result.

Sr. no.	Symptoms	Before Treatment	After Treatment
1	<i>Shirokandu</i>	2	0
2	<i>Raukshya</i>	3	0
3	<i>Twaksphutana</i>	2	0
4	<i>Keshachyuti</i>	2	0

**Fig.1- Before Treatment.****Fig.2- After Treatment.**

DISCUSSION

Chitrakadi vati- *Deepana, Pachana, Rochana karmas, Katu, Lavana, Tikta, Amla Rasa, Laghu, Tikshna, Ruksha guna, Ushna virya* of this yoga cure the *Mandagni* and regulate the *Anulomana gati* of *Vayu*. *Amapachana* causes *Srotovishodhana*^[6] *Chitrakadi vati* has hepato-

protective, anti-inflammatory, immunomodulatory, anti-oxidant and anti-microbial properties.

Mahamanjishthadi kashaya- Majority of the drugs possess *Raktashodhaka, Dahashamaka, Varnya, Krimighna* and *Kushtaghna* properties. Drugs like

Manjishtha, *Chandana* and *Sariva* are *Pittashamaka*. Drugs like *Sariva*, *Manjishtha* and *Haridra* improve tone and texture of the skin by promoting healthy blood circulation and detoxification. *Pippali*, *Udichya* and *Patha* act as *Agnideepana*.

Takradhara- As there is *Pitta* and *Rakta anubandha* in *Darunaka*, *Takra* processed with *Manjishthadi Kashaya* was used for *Dhara*. *Takra* is rich in lactic acid. Lactic acid is a good vehicle for transdermal absorption of drugs. It also has anti-inflammatory and anti-oxidant properties.^[7] *Takradhara* improves blood circulation to the *Shira*. It also induces tranquility and improves the quality of sleep.

Manjishthadi kashaya- It is *Pittakaphashamaka* and *Raktashodhaka*. *Manjishtha* is a powerful *Raktashodhaka*. *Nimba* possesses *Pittakaphashamaka*, *Kushtaghna*, *Krimighna* properties. *Guduchi* and *Triphala* possess anti-oxidant and anti-inflammatory properties. This *kashaya* prevents secondary infections by reducing microbial load and inflammatory markers.^[8]

Triphala kashaya prakshalana- *Triphala kashaya* was advised for *prakshalana*. It brings about cleansing of the scalp. *Triphala* is *Kaphapittahara*, *Kledashoshaka*, *Lekhana*, *Ropana*, *Rasayana* in nature. It possesses antiseptic, antioxidant, anti-inflammatory and immunomodulatory properties.

Brahmi taila- It contains *Brahmi*, *Amalaki*, *Tila taila*. *Brahmi* acts as *Deepana*, *Kushtaghna*, *Kandughna*, *Vishaghna*. It has anti-inflammatory effect. It is also rich in bacosides, phenolics, and flavonoids that reduce oxidative skin damage. *Amalaki* is *Tridoshashamaka*, *Keshya*, *Rasayana*. The high concentration of vitamin C in it tackles dandruff and strengthens the hair follicles. It also possesses anti-oxidant, anti-inflammatory and antibacterial properties.^[9] *Tila taila* has *Ushna*, *Teekshna*, *Sukshma guna* and is *Vatashamaka*, *Deepana*, *Srotovishodhana*, *Tvachya*. It has anti-oxidant, antibacterial and anti-inflammatory properties. Due to its enhanced penetration capacity, it reaches up to the hair follicle, thus it increases the circulation of the scalp, thereby increasing hair growth.^[10]

CONCLUSION

Manjishthadi kashaya sidhha Takradhara and internal medications were found to be effective in reducing itching, flaking of scalp and hairfall. No adverse effects were observed during and after the completion of treatment. Further, more trials can be done with these medicines on a large number of patients since enough studies have not been carried out with this combination of drugs.

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