

Ayurveda for Dermatological Solutions

Ragini Patil¹¹PDEA'S College of Ayurved and Research Centre, Nigdi, Pune, Maharashtra, India-411044

Email : principal_carc@pdeaayurvedcollege.edu.in

Submission: 14.09.2019

Publication: 31.10.2019

https://www.doi.org/10.63778/PDEASIJRAAS-ARJCPL/2019_122019**Abstract**

Skin diseases, ranging from common conditions like acne and eczema to chronic ailments such as psoriasis and vitiligo, continue to challenge dermatological care worldwide. Ayurveda, with its deep-rooted knowledge of skin (*Twacha*) health and holistic treatment principles, offers promising integrative approaches for managing a wide spectrum of dermatological disorders. This editorial highlights the scope, relevance, and emerging evidence of Ayurvedic solutions in dermatology, while emphasizing the need for rigorous scientific validation.

Keywords: Ayurveda, dermatology, skin diseases, traditional medicine, herbal remedies, psoriasis, eczema

Introduction :

Skin diseases are among the most prevalent health conditions globally, impacting both physical comfort and psychosocial well-being. The increasing burden of chronic, relapsing, and inflammatory dermatoses—often inadequately managed by conventional therapies—has prompted interest in complementary and alternative approaches. Ayurveda, the traditional Indian system of medicine, presents a time-tested, personalized framework for managing skin health based on unique diagnostic and therapeutic principles.

In Ayurvedic literature, skin (*Twacha*) is described as one of the most important sense organs, composed of seven layers and governed primarily by the *Pitta dosha*. Classical texts like the *Charaka Samhita* and *Sushruta Samhita* extensively describe various *Kushtha* (skin disorders), classifying them into major and minor types based on clinical features, chronicity, and doshic involvement⁽¹⁾.

The therapeutic strategies in Ayurveda are multi-pronged and include internal herbal medications, topical formulations, dietary modifications, detoxification procedures (*Panchakarma*), and lifestyle regulation (*Dinacharya*, *Ritucharya*). Herbs like *Neem* (*Azadirachta indica*), *Manjistha* (*Rubia cordifolia*), *Haridra* (*Curcuma longa*), and *Khadira* (*Acacia catechu*) are widely used for their anti-inflammatory, antibacterial, and detoxifying properties^(2,3).

In recent years, clinical and pharmacological studies have begun to validate some Ayurvedic dermatological treatments. For instance, *Wrightia tinctoria*-based preparations have shown efficacy in managing psoriasis⁽⁴⁾, while *Rubia cordifolia* and *Curcuma longa* have demonstrated anti-inflammatory and antioxidant effects that are beneficial in eczema and acne^(5,6). A randomized controlled trial on *Ayurvedic lepa* (herbal pastes) in vitiligo reported statistically significant repigmentation compared to placebo⁽⁷⁾.

Despite these developments, several challenges persist. Standardization of Ayurvedic formulations, quality assurance, reproducibility of results, and insufficient large-scale randomized controlled trials limit wider clinical acceptance. Moreover, integration of Ayurvedic care with conventional dermatology is hindered by limited practitioner collaboration, inconsistent regulation, and insufficient awareness among dermatologists⁽⁸⁾.

To address these gaps, interdisciplinary research and collaborative clinical protocols are essential. Evidence-based integration can harness Ayurveda's strengths—personalization, minimal side effects, and chronic disease management—while ensuring safety, efficacy, and scientific rigor. Global skin health strategies would benefit from this integrative vision, especially in resource-limited settings.

Conclusion

Ayurveda offers a rich, underutilized reservoir of dermatological solutions. When backed by modern scientific validation and clinical evidence, Ayurvedic medicine could become a vital component of holistic dermatological care. Bridging traditional wisdom with evidence-based dermatology is not just timely—it is necessary.

Source of Support: Nil

Conflict of Interest: Nil

Copyright © 2019 PDEA'S International Journal Research in Ayurved and Allied Sciences. This is an open access article, it is free for all to read, download, copy, distribute, adapt and permitted to reuse under Creative Commons Attribution Non Commercial-ShareAlike: CC BY-NC-SABY 4.0 license.

References

1. Sharma PV. *Charaka Samhita*. Varanasi: Chaukhambha Orientalia; 2001.

2. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: a comparative overview. *Evid Based Complement Alternat Med*. 2005;2(4):465–473. doi:10.1093/ecam/neh140.
3. Pandey MM, Rastogi S, Rawat AK. Indian traditional Ayurvedic system of medicine and nutritional supplementation. *Evid Based Complement Alternat Med*. 2013;2013:376327. doi:10.1155/2013/376327.
4. Kaur A, Srivastava R, Chauhan DS, et al. Topical formulation of *Wrightia tinctoria* oil in the treatment of psoriasis: a double-blind, randomized clinical study. *Phytomedicine*. 2019;60:152998. doi:10.1016 / j.phymed.2019.152998.
5. Kumar N, Yadav A, Maurya AK, et al. Evaluation of anti-inflammatory and antioxidant activities of *Rubia cordifolia* in skin inflammation. *J Ethnopharmacol*. 2016;193:1-7. doi:10.1016/j.jep.2016.08.034.
6. Aggarwal BB, Gupta SC, Sung B. Curcumin: an orally bioavailable blocker of TNF and other pro-inflammatory biomarkers. *Br J Pharmacol*. 2013;169(8):1672-1692. doi:10.1111/bph.12131.
7. Sharma VK, Prasad HR, Kar HK. Efficacy of Ayurvedic treatment in vitiligo: a double-blind, placebo-controlled study. *J Altern Complement Med*. 2012;18(5):447–453. doi:10.1089/acm.2011.0203.
8. Panda AK, Patwardhan B. National initiatives to integrate Ayurveda in evidence-based clinical practice: the roadmap. *J Ayurveda Integr Med*. 2011;2(4):179-184. doi:10.4103/0975-9476.90768.