



### Case report

## Ayurvedic Intervention in Darunaka (Pityriasis Capitis): A Clinical Case Study

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### Abstract

*Ayurveda* is the most ancient science, which cures the ailments of mankind through proper *Ahaara* (diet or food habits), *Vihara* (daily activities) and *Dincharya* (daily routine). *Ayurveda* aims to work on root cause of disease. In *Ayurveda* various *Kapalagata rogas* are mentioned by *Acharya Vagbhata*, among them *Darunaka* is one. *Darunaka* is characterised by *kandu* (itching of scalp), *twak sphutana* (flaking of scalp), *rukshata* (dryness of scalp) and *keshachyuti* (hair fall). *Darunaka lakshanas* resemble dandruff, also known as *Pityriasis capitis*. *Pityriasis capitis* is one of the common and chronic scalp disorder, affecting millions of people globally. It is more than superficial flaking, as it leads to structural changes of the stratum corneum and inflammatory biomarkers. Moreover, it also affects the self-esteem and self-confidence of an individual. Regardless of wide research, detail understanding and treatment modalities, it still remains to be cause of concern due to its reoccurring nature. Hence there is need to find a safe and effective remedy in the management of *darunaka*, which formed the basis for the present study. This paper aims to present clinical case study on *Darunaka (Pityriasis capitis)* which was diagnosed through Trichoscope and torch light. This case was managed with topical application (*lepa*), some internal medicines and lifestyle modification, observed significant improvement after 4 weeks of treatment.

**Keywords:** Trichoscope, Dandruff, *Amrabeejmajja haritaki lepa*, Ayurvedic management, *Malassezia furfur*, Scalp hygiene.

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### Introduction

Healthy hair plays a crucial role in beautification and self-confidence of an individual. Hair-related issues like dandruff can affect the self-esteem and be frustrating, regardless of age and gender. (1) Thus, maintaining Healthy hair is essential not only for aesthetic appeal but also for emotional stability and psychological well-being. Pityriasis capitis, commonly known as dandruff, is a common, chronic, irritative scalp ailment caused by fungal organisms such as *Pityosporum ovale* and *Malassezia furfur*. Dandruff, nearly affects 50% of the global population, primarily in pre-pubertal age. (2) Clinically, Pityriasis Capitis is considered a mild form of Seborrheic dermatitis, usually presents with flakes, itching, hair fall, dryness of scalp along with mild inflammatory reaction. *Pityriasis Capitis* can be classified as dry dandruff and wet dandruff. The underlying aetiology of dandruff can be categorised under intrinsic factor and extrinsic factor. Extrinsic factors include improper personal hygiene, and exposure to dust,

excessive use of wax, gels, and creams. Intrinsic factors include hormonal imbalances, genetic predisposition, and increased microbial flora and hypersensitivity reactions. (3)

In *Ayurvedic science*, *Pityriasis capitis* clinical features closely resemble with *lakshanas* of *Darunaka*. *Darunaka* is mentioned in *kapalgaroga* by *Acharya Vāgbhata*, but other *acharya* like *Sushruta* classify it under *kshudra roga*. (4) According to *Ayurveda principles*, Dry dandruff is associated with *Vata* predominant *Kapha dosha* while wet dandruff is associated with *Kapha* predominant *Vata dosha*. (1) In classical science, for treatment of *Darunaka*, different treatment modalities are explained like *nasya*, *sirobasti*, *shiroabhyanga*, *lepa* and *siramokshana*. (5)

Contemporary science formulations like ketoconazole shampoo are useful in treating the dandruff but having multiple side effects like hair fall, rashes, gynacomastia (6) and usually reoccurrence is also noted after withdrawal of medicine. Hence an attempt is made to treat the dandruff with *Amrabeejmajja haritaki lepa* for local application, along with *Vidanga churna* and other systemic medicine for oral medication along with *pathya aphyta* (dietary and lifestyle modification).

### Case Report

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## Case Report

A female patient aged 18 years visited our Shalakyia tantra OPD, with the complaints of *Kesha bhumi rookshana* (dryness of scalp), *Kandu* (itching), *Kashachyuti* (hair fall), *Twaksphutana* (scaling of scalp). The patient had stated that these symptoms had been present continuously for the past one year.

**History of present illness:** According to the patient, her Complaints started with pruritus on the scalp 1 year back. After few weeks she developed dryness along with scaling of scalp. Later on, she experienced hair fall 3 months prior. She visited multiple dermatologists but found only temporary relief as reoccurrence was there.

She observed worsening of symptoms following curd intake in night, unhygienic practices, use of chemicals on scalp, travelling, *ratri jagrana* (night waking), stress and hair straightening. After taking a head bath with shampoo, patient felt relief in symptoms particularly in itching.

**History of past illness:** Neither there was past history relevant to it nor history of chronic illness. Family history revealed mother also had mild form of dandruff for 3 years, for which she did not take any treatment for that. The patient also reported psychological stress. **Personal history included irregular** bowel habits with incomplete evacuation, good appetite, clear micturition and non-refreshing sleep despite adequate duration of 6 to 8 hours. She belonged to a lower middle socioeconomic group and performed mild strenuous work. Dietary habits consisted of a mixed vegetarian diet with predominance of *katu*, *amla*, and *lavana rasa* daily. *Vyayama* was *avara*, *kostha* was *krura* and *agni* was *manda*. Daily routine included *ratri jagran* and unhygienic practices. Scalp hygiene assessment revealed infrequent shampooing and hair oil application (one to two times per week), and combing was done four to five times weekly. Home remedies such as *henna*, egg, and curd were used occasionally (ones or twice in a month). Tube well water was used for hair washing. *Asthavidha Priksha* showed *Nadi* of 78/min, *Mala badhata*, normal *Mutra*, *lipta Jihva*, *Anushna-sheeta Sprasha*, clear *Shabda*, normal *Drika*, *Samya Akruiti*,

## Srotas involved

*Rasavaha Srotas* Rasa Dhatu is the primary nutrient fluid that nourishes all tissues including skin and hair follicles. Clinical signs in the patient included: Itching (*Kandu*), Scaling (*Twaksphutana*), and Dryness of scalp. These reflect poor nutrient distribution and hydration to the scalp tissues, caused by *Rasa* vitiation or blockage in *Rasavaha Srotas*.

*Asthivaha Srotas* nourishes hair and scalp-supporting structures. In the case study, the patient presented with: Hair fall (*Keshachyuti*), Dry scalp (*Kesha Bhumi Rookshana*). These symptoms indicate weakness of underlying supportive tissues, which reflects impaired *Asthivaha Srotas* function.

*Raktavaha Srotas* provides vitality, oxygen, and metabolic support to tissues, including scalp skin and hair follicles. In this case, the patient had: Mild inflammatory reaction, Hair fall. These indicate vitiation of *Rakta Dhatu*, affecting scalp tissue health and hair follicle integrity.

## Materials and Methods

### Materials

**Management:** It includes four treatment protocols:

1. *Nidana parivarjana*

2. *Shamana chikitsa*
3. *Sodhana Chikitsa*
4. *Sthanika chikitsa*
5. *Pathya Apathya*

1. *Nidana parivarjana* like Curd intake in night, Unhygienic practices; Use of chemicals on scalp etc. was advised to the patient.

2. *Deepana-Pachana* with *Agnitundi Vati*, 1 tablet TID with warm water after food for first 3 days.

3. *Sodhana chikitsa:* *Gandharvahasta taila* 60ml with 100ml milk on 4<sup>th</sup> day. Total *Vegas* was observed three in number, followed by warm water sip by sip *ganji* and *khichadi* was given on hunger to patient.

### 4. Shamana chikitsa:

4(a). *Vidanga churna* was given 1/2tsp BD with after food warm water for the duration of 26 days.

4(b). *Mahamanjistha kwath* was given 2tsf TID before food with warm water for the duration of 26 days.

**Bahirparimarjana lepa:** *Amrabeejmajja* and *haritaki* were procured in raw form from a Good Manufacturing Practices certified pharmacy. The raw drugs were dried in herbal medicine drier in order to reduce its moisture content. Dried material was grounded into fine powdered. Equal quantity of both the drugs was mixed thoroughly. The *lepa* was given for application by adding sufficient quantity of cow milk to obtain a smooth and uniform paste on scalp for 15 minutes followed by lukewarm water wash twice a week up to 1 month. Total applications are 8.

**Skin patch Test-** *Amrabeejmajja haritaki lepa* was applied to the scalp in small quantity for any allergic reactions on the 0<sup>th</sup> day.

Patient was advised to take care of his scalp by keeping the scalp clean, comb hair only after hair gets dry properly to prevent damage to the hair follicle, avoid using hair styling products like sprays, gels, oils etc, and avoid using hot water for washing the hair.

5. *Pathya* included *Laghu* and *Supachya aahar* like *Parval*, *Shigru*, *Takra*, *Karela* etc. *Apathya* included curd intake in night, unhygienic practices, use of chemicals on scalp, hair straightening, travelling, *ratre jagran*, and all *hetus*.

### Methods

Patient was selected through Simple Sampling method and Experimental single clinical case study design was chosen for case report.

**Diagnostic criteria:** the patient was analysed on 0<sup>th</sup> day, 15<sup>th</sup> day and 30<sup>th</sup> day for Scaling of scalp (*Twaksphutana*), Itching on scalp (*Kandu*), Hair fall (*Keshachyuti*), Hair pull assessment test, and Dryness of scalp (*Rukshata*)

### Assessment criteria

**Objective Parameters:** [Scaling of Scalp is analysed by Trichoscope] (7)

Six zones on patient's scalp were pre-defined for assessment right frontal (zone-1),

Left frontal (zone-2), right parietal/temporal (zone-3), left parietal/temporal (zone-4), Right occipital (zone-5), left occipital (zone-6). Comb was used to part the hair in six zones. Each section of the scalp was assessed for the presence of dandruff flakes.

**Table2:** Analysis of scalp.

Zone	0th Day Grading	15th Day Grading	30th Day Grading
Right Frontal (Zone-1)	3	1	0
Left Frontal (Zone-2)	3	1	0
Right Parietal/Temporal (Zone-3)	4	1	0
Left Parietal/ Temporal (Zone-4)	4	1	0
Right Occipital (Zone-5)	5	0	0
Left Occipital (Zone-6)	5	2	0
Mean ASFS Score	4	1	0

**Results**

This Clinical case study on Darunaka (dandruff) has shown significant improvement in objective and subjective parameter. The present case was managed through Ayurvedic line of management which included *Shamana, Sodhana, Sthanika chikitsa, pathya* and *apathya*. *Nidana parivarjana* was focused during treatment for complete cure.

Objective assessment of *Twaksphutana* (Scaling of Scalp) through Trichoscope.

Trichoscopy is an economical, non-invasive, valuable technique that assists in diagnosis of hair and scalp ailments by visualizing the hair and scalp at x20 to x160 magnification. Digital images were captured using a digital microscope with an integrated imaging system like dinolite AM4113T.

On 0<sup>th</sup> day, the ASFS grading was 4, reflecting large pronounced crusty scales adhering to scalp (heavy scaling).

On 15<sup>th</sup> day, the score had significantly reduced to 1, indicating fine dryness on scalp surface (slight scaling).

On 30<sup>th</sup> day, the score was 0, indicating Healthy scalp with no dryness or dandruff.

**Table 3: Mean Adherent Scalp Flaking Score (ASFS)**

Mean Adherent Scalp Flaking Score (ASFS) <i>Twaksphutana</i>	Grading	0th Day	15th Day	30th Day
Healthy scalp with no dryness or dandruff	0			0
Fine dryness on scalp surface (slight scaling)	1		1	
Small powdery flakes partially adhering to scalp (some Scaling)	2			
Moderately flaky scales loosely attached to scalp (moderate scaling)	3			
Large pronounced crusty scales adhering to scalp (heavy scaling)	4	4		
Very pronounced crusty scales congealed into plates Adhering to scalp (very heavy scaling)	5			

**Trichoscopic pictures**

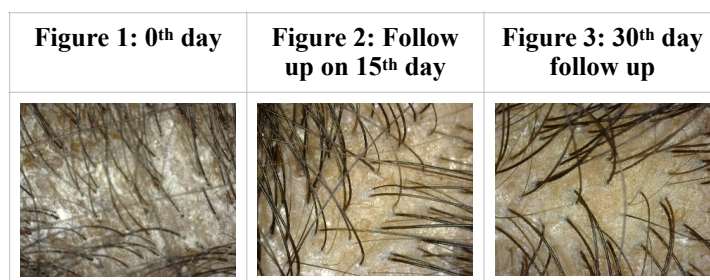
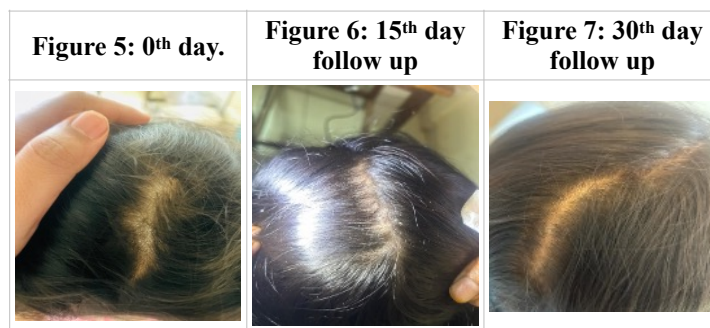


Table 4: Results of hair pull test			Figure 4: Hairs pull test
Day	No. of Hairs Pulled	Interpretation	
0th Day	7 to 8 hairs	Positive – Active hair fall	
15th Day	4 to 5 hairs	Borderline – Reduced hair fall	
30th Day	2 to 3 hairs	Negative – no hair fall	

**Table 5: Assessment of subjective parameter**

Parameter	Grading	0th day	15th day	30th day
<i>Kesha Bhumi Rookshana</i> (Dryness)	0 – Absent			
	1- Mild (dryness with rough skin)		1	1
	2- Moderate (dryness with scaling)			
<i>Kandu</i> (Itching)	3-Severe (dryness with cracking skin)	3		
	0 – Absent			
	1- Mild (1-2 times/day)			1
<i>Keshachyuti</i> (Hair fall)	2- Moderate (3-4 times/day)		2	
	3 Severe (5-8 times/day)	3		
	0 – Absent			
<i>Keshachyuti</i> (Hair fall)	1 -Mild (<20 hair falls on combing/ washing)		1	1
	2 -Moderate (>20 hair falls combing/ washing)	2		
	2 -Severe (>20 hair falls on simple hand strength)			

**Examination of scalp under Torchlight:**



## The subjective parameter

Subjective evaluation like Itching on scalp (*Kandu*) Hair fall (*Keshachyuti*) Dryness of scalp (*Rukshata*) were assessed on patient reported severity of symptoms.

### 1. Kesha Bhumi Rookshana (Dryness):

On 0<sup>th</sup> day, grading was 3, indicative of severe dryness with cracking skin while on 15<sup>th</sup> and 30<sup>th</sup> day grading was reduced to 1, indicative of mild dryness with rough skin.

### 2. Kandu (Itching):

On 0<sup>th</sup> day, grading was 3, reflecting of severe itching (5-8 times/day).

On 15<sup>th</sup> day, grading was reduced to 2, reflecting of moderate itching (3-4 times/day) while on 30<sup>th</sup> day, grading was significantly reduced to 1, mild itching (1-2 times/day).

### 3. Keshachyuti (Hair fall):

On 0<sup>th</sup> day, grading was 2, reflecting of moderate hair fall (>20 hair falls combing/washing) while on 15<sup>th</sup> and 30<sup>th</sup> day grading was reduced to 1, reflecting of mild hair fall (<20 hair falls on combing/washing).

Itching, dryness of scalp and hair fall significantly reduced but was still mildly present.

**Hair pulls assessment test:** This test was conducted on occipital region of scalp by pulling the 40 to 60 hairs approximately. Hair pull test was positive on 0<sup>th</sup> day, borderline on 15<sup>th</sup> day and negative on 30<sup>th</sup> day

## Discussion

Dandruff is most common scalp infection, causes discomfort, embarrassment, or social anxiety and overall well-being. *Malassezia furfur*, a type of fungus is the causative organism for dandruff. Improper personal hygiene, hormonal imbalances, exposure to dust, excessive use of wax, gels, and creams creates favourable environment for fungus to grow, leading to reoccurrence. Hence *Nidanas parivarjana* was advised to the patient as it is considered as the first line of treatment as per *Ayurveda*. After 30 days, significant improvements were reported in both objective and subjective parameter: scalp scaling cleared up entirely, hair fall decreased, and significant alleviation of dryness and itching. Here, an attempt was made to treat dandruff (*Darunaka*) with *Ayurvedic* principles which focus on the root cause of disease not merely the symptomatic management. By adopting a holistic approach, patient got lasting relief and promoted overall scalp well-being.

### Shaman treatment:

1. Firstly, *Deepana-Pachana* was given with *Agnitundi vati* after food with water for three days for *Amapachana* because *roga sarveape jayente mandagno bhavet*. (8)

2. **Gandharva hasta taila:** It was given along with milk to patient for *kostha sodhana* to remove the vitiated *doshas* from *kostha* and due to its *Vata Kaphahara* property; it helps reverse the *samprapti* of *Darunaka*. (9)

3. **Vidanga churna:** It is having *krimighna* and *Vata Kaphahara* properties. Moreover, it also exhibits antifungal, anti-inflammatory, antioxidant, wound healing property which helps reverse the *samprapti* of *Darunaka*. (10)

4. **Mahamanjisthadi kadha:** Due to presence of *Manjistha*, *Guduchi*, *Bakuchi*, *Nimb*, and *Haridra* etc. which helps in detoxification and purification of blood. It also exhibits antimicrobial property. (11)

**Amrabeejmajja haritaki lepa:** It is mentioned for the treatment of *Darunaka* under *Kshudra roga adhikar* by *Yogratnakar*. (12) Its ingredients are *Amrabeejmajja*, *Haritaki* and *Dugdha* (cow's milk). *Haritaki* possess antifungal property, antioxidant property, and wound healing property. (13) *Amrabeejmajja* possesses anti-inflammatory property, Antifungal property, antioxidant property, and wound healing property. Cow's milk subsides *Vata* and *Pitta doshas* (14) by virtue of *Mridu*, *Slakshana*, *Snigdha*, *Sandra*, *Madhura*, and *Sita Guna*. (15) Due to presence of flavonoids, *lepa* exhibits antimicrobial property. (16)

## Conclusion

*Darunaka* is a disease of *Kapha* and *Vata* origin having *lakshanas* and *nidanas* nearly resembles to *Pityriasis capitis*. Based on *Ayurvedic* principles, we approach the patient with *Darunakahara chikitsa* like *Amrabeejmajja haritaki lepa* for local application and other systemic medicine along with *Pathya apathy* (dietary and lifestyle modification). This comprehensive approach has yielded marked improvement in the patent symptoms of *Darunaka* without any side effects. Usually, dandruff recurs in patients, so maintaining scalp hygiene is advised to the patient. Despite being a single case study, the positive outcomes highlight for future large-scale study for therapeutic, safety purpose and standardisation of *Ayurvedic* drugs for the management of dandruff (*Darunaka*).

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