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## “AYURVEDIC MANAGEMENT OF PITYRIASIS ALBA (SIDHMA KUSTHA): A CASE STUDY”

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### ABSTRACT:

A skin rash that sometimes begins as a large spot on the chest, abdomen, hands or back, followed by a pattern of smaller lesions. Pityriasis refers to hypopigmentation of skin. Pityriasis alba has symptoms like ill-defined, round and oval patches, often with mild scaling and sometimes with mild pruritus. They are most commonly noticeable in people with darker skin types. Clinical examination shows decreased melanin production in affected areas. Pityriasis alba is commonly caused by atrophic sebaceous glands, iron deficiency anaemia, low levels of serum copper and sun exposure. It occurs commonly in children aged 3-16 years, with 90% occurring in children younger than 12 years. An estimated 5% of children in the US may be affected. Studies have shown a higher prevalence in Egypt (18%) and Mali (20%). There is no clear racial predominance of pityriasis alba found. The duration of the rash is variable. According to Acharya Sushruta, Sidhma Kustha is a kapha pradhana vyadhi that most commonly occurs in Urdhva kaya, i.e., hasta, ura, mukha and lalata. Diseases start with mild kandu and result in the formation of thin white patches without pain.

A male patient of 11 years attended our OPD with complaints of various circular, whitish, discoloured patches of irregular edges on both cheeks. Finally, on the basis of all signs and symptoms, it was diagnosed as Sidhma Kustha. In treatment only shaman chikitsa was done. Given treatment mainly pacifies kapha along with vata dosha.

**KEY WORDS:-** Shaman, Sidhma Kustha, Pityriasis alba

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## INTRODUCTION

A frequent benign skin condition that primarily affects adults and children is pityriasis alba. The term "pityriasis" describes its hypopigmentation. Pityriasis alba is characterised by ill-defined, round and oval patches, often with mild scaling and sometimes with mild pruritus. They are most commonly located on the face, arms and upper trunk and are most noticeable in people with darker skin types. It is a noncontagious and noninfectious disease. Histopathology shows decreased melanin production in affected areas<sup>1</sup>. The most common causes of pityriasis alba are atrophic sebaceous glands, iron deficiency anaemia, low levels of serum copper and sun exposure.

On the basis of signs and symptoms Pityriasis alba is very similar to Sidhma Kustha mentioned by Acharya Sushruta in Ayurveda. Sidhma Kustha is one of the most common but miserable Twak vikaras affecting all ages of the population and still stands as a challenge to different medical systems.<sup>2</sup> Much research work has been done on skin disorders in modern medical science, but no drug has yet been claimed to cure these skin diseases completely and prevent their recurrence. According to Acharya Sushruta, Sidhma Kustha is a kapha pradhana vyadhi that most commonly occurs in Urdhva kaya, i.e., hasta, ura, mukha and lalata.<sup>3</sup> Diseases start with mild kandu and result in the formation of thin white patches without pain. Finally, on the basis of all signs and symptoms, it was diagnosed as Sidhma Kustha. With great pleasure, I inform you that this is my own instance of Sidhma Kustha.

## CASE HISTORY

A male patient from Chandrapur, Maharashtra, at the age of 11 years, consulted our college (Shree Ayurveda Mahavidyalaya, Nagpur, Maharashtra) physician for complaints of various circular, whitish, discoloured patches of irregular edges with moderate pruritus on bilateral upper limbs and both cheeks. He consulted allopathic physicians many times but got no satisfactory results. So, he switched over to Ayurvedic treatment by consulting with a physician in our college hospital. After 1 month of treatment, he got 100% relief from whitish patches and itching.

### History of present illness:

According to the mother, the patient was apparently fine four months back. Then he developed some hypopigmented patches over both the cheeks. After some days, a few patches were also seen on both the limbs.

On a thorough interrogation with the parents regarding the diet, lifestyle and habits of the child, his appetite was very poor with minimal intake of vegetables, fruits, milk and water.



**Past history :**

Syp Albendazole 10 ml with repetition of dose after 15 days

Tab Isotretinoin 10mg Bd

**Personal history:****DIETARY HISTORY :**

Daily intake of 5-6 chillies, spicy food, frequent consumption of packet foods such as chips, Kurkure and biscuits, and no consumption of fruits, vegetables and whole grains.

**PHYSICAL ACTIVITY :**

Sedentary lifestyle with no exercise; spends most of the time playing mobile games, watching TV or browsing phone.

**SLEEP HABITS :**

Irregular sleep schedule with daytime sleeping, ratri jagaran, and difficulty waking up in the morning

**BOWEL HABITS :**

Two times per day.

**SOCIAL HISTORY :**

Lives with both parents in a nuclear family; is an only child with no siblings; studies in 6th class; has few close friends but prefers to spend time alone.

**PARENT-CHILD RELATIONSHIP:**

Being a single child, his parents were extremely affectionate and over possessive and allowed him to do whatever he wanted; he was often overpampered.

**PSYCHOLOGICAL HISTORY:-**

Appears to be a shy and reserved child.

**BIRTH HISTORY :**

Full term normal vaginal hospital delivery / 2.25 kg weight /Cried immediately after birth No H/O NICU stay

**Antenatal history :**

No any significant history noted .Mother diet was normal, no H/o anaemia, GDM, PIH or any major illness

**IMMUNIZATION :**

Vaccination done as per govt. schedule till date

**ANTHROPOMETRY :**

Weight : 35 kg , Height : 148 cm

**DEVELOPMENTAL MILESTONES :**

All milestones achieved as per age

**EXAMINATION:****General Examination:**

Vitals were normal. The general condition of the patient was good, moderately built, afebrile, Physical Development: Examinations had shown no deformity.

**S/E –**

RS –AE=BE clear

CVS – no murmur HS +

CNS – conscious oriented

P/A : soft Not distended

**Ashtavidha Parikshan :**

Nadi -108/min (vataj )

Mala – 1-2 times/ day

Mutra – 5-6 times /day

Jivha – Saam

Shabd - Spastha

Sparsh- Samshitoshna

Druk- spastha, sclera –white, clear, no signs of icterus, conjunctiva –pink in color

Aakruti- krush, weight – 35 kg

**Physical examination :**

On inspection, white circular patches with irregular edges were seen on bilateral upper limbs and both the cheeks.

**Investigations:**

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**Table 1:**

Prakriti	Pittakaphaja
Aahar Shakti	Madhyama
Vyayama Shakti	Avara
Samhanana	Madhyama
Dosha	kapha
Dhatu	Rasa dhatu
Strotas	Rasavaha strotas, Swedovaha strotas
Strotodusti	Sanga

**Shamana Aushadhas:****Table 2:**

Sr.no	Medicine	Dose	Anupana	Duration
1.	Arogyavardhini vati <sup>6</sup>	250 mg BD	Koshna Jal	30 days
2.	Gandhak rasayana <sup>7</sup>	250 mg BD	Koshna Jal	30 days
3.	Bakuchi ghanvati	250 mg BD	Koshna Jal	30 days
4.	Grab capsule	250 mg BD	Koshna Jal	30 days
5.	Bhunimbadi kwath	10 ml BD	Koshna Jal	30 days
6.	Oint Grab	One pinch over affected area BD		30 days

After 15 days of shaman aushadhi, the patient got 50% relief in patches, and her Shamana Aushadha was continued. Again, 15 days after continuing shaman aushadhi, the patient got 100% relief from symptoms.

**Pathya:**

Shali rice, Yava, Godhuma, Laghu anna panna, Mudga, Karavellaka, Tila taila, Tikta rasa pradhana ahara, Jeernenanna (eat only when earlier food is digested)

**Grading parameters:**

**Kandu****Table 3: Kandu**

0	No itching
1	Mild itching
2	Moderate itching
3	Severe itching

**Sweta Varna****Table 4: Sweta Vrana**

0	Normal skin color
1	Reddish white color
2	Pearly white color
3	White color

**Number of Lesion****Table 5: Number of lesions**

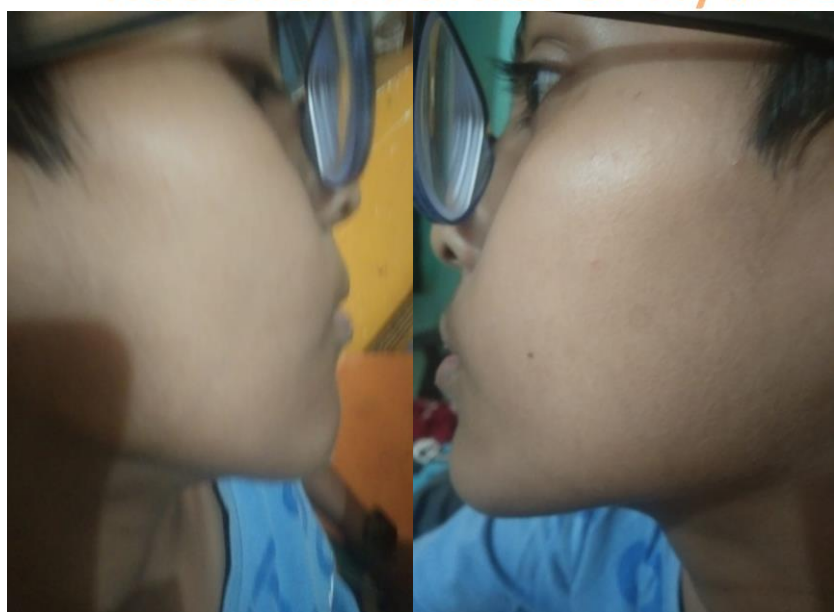
0	No lesion
1	1-3 lesion
2	4-6 lesion
3	>6 lesion

**Diameter of Lesion****Table 6: Diameter of Lesion**

0	No lesion
1	Lesion of diameter 1-2 cm
2	Lesion of diameter 1-2 cm
3	Lesion with diameter 5 cm or more

**RESULT****Table 7:**

	Before Treatment	After Treatment
Kandu	3	0
Sweta Varna	2	0
Number of Lesion	3	0
Diameter of Lesion	1	0

**Before treatment:****After treatment:**



## DISCUSSION

In this case of Sidhma Kustha, the main treatment procedure adopted here was shaman aushadhi. **Arogyavardhini Vati** acts as a Rakta Shodhak (blood purifier) and Yakrit supporter, improving liver function and digestion (Agnideepana), which helps in correcting metabolic and nutritional deficiencies underlying skin disorders. Reduces Ama and balances Vata-Kapha, addressing dryness, scaling, and pigmentation changes seen in pityriasis alba. Supports skin regeneration and healing by improving systemic health. Arogyavardhini Vati is one of the most effective Ayurvedic preparations which helps to manage acne or pimples due to its Pitta and Kapha balancing and Shothahara (anti-inflammatory) properties.

**Gandhak Rasayan** provides Twachya (skin nourishing) and Rasayana (rejuvenative) effects. Acts as an antioxidant and anti-inflammatory agent, helping in repairing damaged skin cells and reducing inflammation associated with hypopigmented patches. Enhances skin texture, moisture balance, and pigmentation restoration.

Gandhak is Ushna Veervatmaka and Katu Rasa Vipaki, so it acts as the best Kaphghna and Kledaghna. Gandhak Rasayan helps to destroy the Samprapti (pathogenesis) of Kshudra Kushtha due to its Ushnaveerya and Katukashay Rasa.

**Bakuchi Ghanvati** is a potent Kushtaghna (anti-dermatological) and Twachya agent that promotes pigmentation and skin health. Helps in melanin production stimulation, which is important in repigmentation of hypopigmented patches. Supports healing by reducing inflammation and promoting skin nourishment.

**GR-8 (Grab) The capsule** acts as a deep detoxifier and metabolic corrector, helping in removing toxins that may be affecting skin health. Supports Agni (digestive fire) and improves nutrient absorption, indirectly aiding skin repair and pigmentation balance. Helps in managing systemic factors like oxidative stress, which can impair skin healing.

**Bhunimbadi Kwath** is a Rakta Shodhak and Kushthaghna decoction that purifies blood and helps in controlling skin inflammation. Provides anti-microbial and anti-fungal benefits, reducing secondary infections or irritations on dry, scaly patches. Supports detoxification and improves overall skin resilience. This formula contains Bhunimba, Katuki, Guduchi, Duralabha, Parpata, Musta and Shunthi. All these herbs are proven jwaraghna and the best ama pachana, which are required in the breaking down of pathophysiology.

All the above adapted treatments pacify Kapha along with Vata dosha because of their Guna and Karma.

## CONCLUSION

The treatment approach for Sidhma Kustha (Pityriasis alba) adopted here primarily involves **Shamana Aushadhi** (palliative therapies) aimed at correcting internal imbalances through detoxification, dosha pacification, and skin regeneration. Key formulations such as **Arogyavardhini Vati**, **Gandhak Rasayan**, **Bakuchi Ghanvati**, **GR-8 Capsule**, and **Bhunimbadi Kwath** collectively address the root causes of the disorder — namely Rakta Dushti, Ama, and Kapha-Vata vitiation. These medicines work synergistically by purifying blood, enhancing liver function, stimulating melanin production, improving digestion, and restoring the skin's natural pigmentation and texture. The holistic and systemic mode of action ensures not only symptomatic relief but also long-term healing by correcting the underlying pathophysiology (Samprapti Vighatana). Thus, this protocol represents a comprehensive and effective Ayurvedic management strategy for Kshudra Kustha, like Sidhma.

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