TAIJA – TATWACHINTANAM - International Journal of Ayurveda
(http://taija-journal.com) eISSN: 3139-2792

CASE REPORT

HOLISTIC MANAGEMENT OF DARUNAKA (SEBORRHEIC DERMATITIS) USING SHODHANA, SHAMANA AND KESARA TAILA SHIROABHYANGA: A CASE REPORT

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ABSTRACT
Introduction: Darunaka (Seborrheic dermatitis) is a Kapala roga (Disease of the scalp). It is caused by aggravation of Kapha and Vata and is characterised by itchy scalp, hair fall, dryness and small flakes. Despite the availability of conventional treatments, recurrence and chronicity remain major challenges**. Clinical findings**: In this case study an 18 years old male patient presented with severe itching and whitish flakes over the scalp from past 1 year. On examination dryness of the scalp and mild erythema was observed. Based on the characteristic features and the clinical findings the condition was diagnosed as Darunaka. **Intervention**: The patient was administered holistic Ayurvedic treatment comprising Shodhana (Sadhyovirechana with Trivrit lehya, Raktamokshana using Jalauka), Shamana chikitsa (Avipattikara churna, Manjishtadi Kashaya, Arogyavardini vati) and Shiroabhyanga with Kesara taila. **Outcome**: The patient was assessed clinically before and after treatment and at follow-up. The patient showed marked improvement in symptoms without any adverse effects. **Conclusion**: The combined effect of Shodhana, Shamana and Kesara taila Shiroabhyanga was found to be effective in the management of chronic case of Darunaka.

KEYWORDS: Ayurveda; Case report; Darunaka; Scalp; Seborrheic dermatitis; Kesara Taila; Shodhana; Shamana chikitsa.

Submitted date – 03.01.2026	**Revised Date** – 31.01.2026	**Accepted Date** – 18.02.2026

INTRODUCTION

Darunaka, a Kapala roga caused due to vitiation of Kapha and Vata is responsible for transforming skin of Shirakapala (scalp) into a dry, hard, itchy, fissured and desensitised lesion with loss of hair. Treatment modalities are Shodhana (Raktamokshana, Nasya, Shirobasti), Prakshalana, Lepa[1]. This condition is analogous to Seborrheic dermatitis, characterized by small, loose flakes of dead skin on the scalp.[2] The prevalence rate is 4.38% with a higher prevalence in adults compared to children. Seborrheic dermatitis and dandruff are considered to be two ends of a single disease spectrum caused by Malassezia species. Malassezia species accounts for nearly half of the normal scalp flora. The pathogenesis of pityriasis capitis simples or dandruff, these are lipophilic yeasts, which play an important role in a mild subclinical form of seborrheic dermatitis of the scalp. Being lipophilic, they are found most commonly in patients with high levels of sebaceous secretions. M. globosa releases oleic acid, which plays a vital role in damaging the scalp skin barrier further leading to corneocyte hyperproliferation and scalp irritation.

Dandruff scalps lose 2 to 3 times more hair than non-dandruff scalps, correlating with increased scalp hair shedding associated with carriage of M. globosa. Dandruff is characterized by fine, loosely adherent, white, or grey flakes that occur either diffusely or in localized patches on the hair-bearing portions of the scalp. Treatment of both dandruff and seborrheic dermatitis affecting scalp involves topical antifungal lotions containing ketoconazole, ciclopirox olamine, or selenium sulfide. Systemic therapy with fluconazole or itraconazole may be needed in resistant cases. Zinc pyrithione 1% in a shampoo base possessing cytostatic, antiproliferative, and anti-inflammatory properties is believed to have direct inhibitory effects on M. globosa. Other topicals regulating keratinization include coal tar, salicylic acid, sulfur, and mild steroid lotions.[3] In this case holistic ayurvedic treatment was planned Shodhana using Sadhyovirechana with Trivrit lehya and Raktamokshana using Jalauka, Shamana chikitsa by administering Avipattikara churna, Manjishtadi Kashaya, Arogyavardini vati and Shiroabhyanga with Kesara taila[4] specially mentioned for Darunaka.

Patient Information

An 18-year-old male patient presented to our Shalakya tantra OPD with complaints of severe itching and whitish flakes on scalp persisting for more than 1 year.

History of Present illness

Patient was apparently normal 1 year ago then gradually he developed itching sensation and whitish flakes on scalp. for that he used ketoconazole shampoo and got minimal and temporary relief, with recurrence of itching and flakes particularly during seasonal variations. Then he visited to our hospital

for further management.

Clinical findings

Ashtavidha Pareeksha: Prakruthi- Vata kapha, Jihva- alipta, Mala, Mutra, Shabdha, Sparsha, Druk, were Prakrutha, Akruthi- Madhyama.

There were no notable findings in General and Systemic examinations

Local examination: The scalp was dry with whitish flakes and mild erythema was present.

DIFFERENTIAL DIAGNOSIS

Table 1: Differential Diagnosis

Differential diagnosis	Clinical features	Reason for exclusion in this case
Scalp psoriasis	Thick, silvery greyish white scales, well demarcated borders, extending to other area	Absence of well demarcated border, confined to scalp area
Tinea capitis	Itchy, redness, scaly bald patches, broken hair shafts	Absence of redness, and bald patches
Seborrheic dermatitis	Erythematous to orange patches with thick, yellowish, greasy scales & Pruritus.	-

DIAGNOSTIC ASSESMENT

The diagnosis was done based on the history taking, clinical examination with characteristic features of Darunaka. The flakes were localized, well defined, and lacks the classical features of scalp psoriasis. Specifically, the absence of hallmark signs of Psoriasis thick silvery white or greyish scales, well demarcated raised red/brown plaques.

THERAPEUTIC INTERVENTION

Because of chronicity, the aggravated Doshas (regulatory functions of the body) and involvement of Dushyas (which gets vitiated) both Shodhana, Shamana was planned in this case (As stated in Table No 2). Since this is single case report, the institutional ethics committee approval was not mandatory. A written consent was taken from patient after explaining the whole treatment plan. Patient was advised to follow Pathya in Ahara like avoiding bakery foods, junk foods, excessive consumption of curd, pickles etc, Pathya vihara Ativata atapa sevana (Excessive exposure to wind and sunlight), maintenance of scalp hygiene etc.

KESARA TAILA PREPARATION METHOD

Kesara strands (Crocus sativus) (3gms) were mildly pan heated and finely triturated with Maricha (Piper nigrum) (1gm) in a clean Khalvayantra (Mortar and pestle). The powdered mixture was then sieved to obtain a fine powder. This fine powder was added to Tila taila (Sesamum oil) (30ml) and mixed thoroughly until a uniform preparation was obtained. (Figure No.1)

Table 2: Therapeutical intervention timeline

Date	Type of intervention	Name of medicine/ Procedure	Dose	Frequency	Anupana
17/10/25 to 19/10/25	Internal medication	Tab. Anulomana DS (Batch no. BADS2605, BPRL Sagar)	0-0-1	1 Tablet at Bed time(A/F)	Water
20/10/25	Procedure	Trivrit lehya – (Batch no. 24C2700, Vaidyaratnam) Sadhyovirechana	60gm	Morning empty stomach	With luke warm milk
24/10/25	Procedure	Jalaukavacharana was done on forehead 1st sitting (Figure No. 2)	30 min	-	-
25/10/25 to 30/12/25	Internal medication	Avipattikara churna (Batch no. DB012601, Dhootapapeshwar)	5gm	At bed time	With luke warm water
		Manjishtadi Kashaya (Batch no. 25B1299, Vaidyaratnam)	10ml	Twice a day	With luke warm water
		Arogyavardini vati (Batch no. DU522603, Dhootapapeshwar)	500mg	Twice a day	With water
10/11/25	Procedure	Jalaukavacharana was done on forehead 2nd sitting (After15 days gap)	25 min	-	-
11/11/25	Local application	Kesara taila	5 -10 ml	Alternative day once	-

Follow-up and Outcomes

The patient was followed up every 15 days once (Table no 3), assessed the parameters (Table No 4, Figure 3 & 4). Grading of Kandu was done as; Grade 0 (Absent): No itching, Grade 1 (Mild/Occasional): Itching is present but does not disturb routine activities, Grade 2 (Moderate): Itching is frequent and distracts the patient's attention, Grade 3 (Severe/Intolerable): Intense, intolerable itching that significantly disrupts daily routine or sleep. Grading

of Twak sphutana was done as; Grade 0: No scaling, cracking, or flaking present on the Scalp. Grade 1: Minimal fissuring or scaling, usually affecting less than 1/4 of the affected area (such as just the vertex of the scalp). Grade 2: Noticeable cracking, fissuring, or flaking that covers more than 1/4 up to 1/2 of the area (e.g., flaking spread across more than half the scalp). Grade 3: Complete or widespread scaling. There were no any adverse effect reported during the treatment, after treatment and follow up.

Table 3: Timeline of follow-ups

Follow up days	Assessment	Outcome
Day-1	Whitish flakes, itching sensation, mild erythema present	-
Day-15	Whitish flakes and itching sensation present	Erythema reduced
Day- 30	Whitish flakes present	Reduced itching
Day- 45	Very minimal whitish flakes present	No any adverse effects
Day- 60	Very minimal whitish flakes present	No any adverse effects

Table 4: Grading of Parameters parameter score

Parameters	Before treatment	After treatment	After follow-up
Kandu	Grade 3	Grade 2	Grade 0
Twak Sphutana	Grade 3	Grade 2	Grade 1

DISCUSSION

Darunaka is a Kapala roga, predominantly caused by the vitiation of Vata–Kapha Doṣha with the involvement of Rasa and Rakta dhatu (bodily tissue) and Twak (Skin) as the Duṣhya (which gets vitiated). Clinically, it is characterized with Kandu (itching), Rukṣhata (dryness) and Twak sphuṭana (flaking) which closely resemble with the Seborrheic dermatitis. In the present case, the chronicity of symptoms was more than 1 year and there was poor response to topical antifungal agents. Hence Shodhana and Shamana chikitsa were adopted rather than only Shamana chikitsa or external application.

Mode of action of Deepana Pachana: Anulomana facilitates the Vata anulomana (normalization of bowel movement), supports Deepana (enhances digestive fire), and Pachana (digest ama ~metabolic toxins), thereby preparing the body for Shodhana (detoxification).

Mode of action of Sadhyovirechana: Sadhyovirechana was given using Trivṛit Lehya (60 gms) as patient had Mrudu koshta, and advised to drink hot water whole day. Patient had 7 vegas. After completion he was advised to have Laghu ahara and to follow Pathya sevana viz, to avoid Vata atapa Sevana (exposure to cold wind) etc. Here Virechana purifies the Rasa and Rakta dhatu, which are involved in Twak vikara. It does the Srotovishuddhi, corrects the Agni, and helps in proper elimination of Mala, Pitta, Kapha and Vata in sequence which makes body laghuta.[5]

Role of Jalaukavacharaṇa: Jalaukavacaraṇa (Leech application) was done in two sittings at an interval of 15 days. At 1st sitting Jalauka was applied on Lalata(forehead) for 30 min, approximately 26ml of bloodletting was done Haridra (Turmeric powder) was applied over the site to arrest the bleeding and aid healing. In 2nd sitting Jalauka was applied on same site forehead, for 25 min and 30 ml bloodletting was done. Jaloukavacharana clears the Dushita rakta does doṣha shamana and has action of Anti-inflammatory, Analgesic and increasing blood flow.[6]

Mode of action of Kesara taila: Shiroabhyanga using Kesara Taila was administered on alternative day. Tila Taila is considered as the Vata-Kapha shamaka, Keshya and Twachya.[7] By its action on doshas makes it ideal in this condition. Kesara possess the Rakta prasadana and Anti-inflammatory properties.[8] Maricha is Teekshna, Ushna in nature, it enhances local circulation, reduces Kapha accumulation, which aids in deeper and proper penetration of Taila.[9]

Mode of action of Internal Medications: Manjishtadi kashaya by its Varnya, Rakta shodhana and Vishaghna properties improves the scalp health. Sebaceous and sweat glands play important role in pathophysiology of Seborrheic dermatitis Arogyavardini Vaṭi[10] by its Medo rogahara and malashuddhikara properties helps in Samprapti vighatana and Kutaki (one of the contents) eliminates Dushita pitta from Rakta, breaks the inflammatory cycle that helps in reduction of scaling and itching in Darunaka. Avipattikara churna acts as Deepana–Pachana, which corrects Agnimandya, and detoxifies the Rakta and Pitta, thereby improve the scalp health.[11] This combined internal medication helps in maintaining the doshas which are vitiated and also helps in the systemic balance.

CONCLUSION

The present case highlights the effectiveness of a holistic Ayurvedic approach in the management of chronic Darunaka. The combined use of Shodhana, Shamana chikitsa along with Kesara taila Shiroabhyanga followed by Pathya sevana found effective and there were no adverse effects found during the treatment. Further clinical studies with larger sample sizes are also recommended to validate

these findings and to establish the standardized treatment protocols for Darunaka.

Patients Perspective: Patient found marked relief from his suffering, Scalp itching was completely reduced and white flakes were very minimal. He would continue pathya ahara and vihara suggested by the consultant.

Authors' contributions

GD, SK contributed in Concept, trial and preparation of the manuscript, GN contributed in critical revision for important intellectual content. GD, SK and AK contributed in reviewing the manuscript

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Financial Support: Self-financed. **Conflict of Interest**: None

How to cite: Devikeri G, Khadbadi S, Kulkarni A, Gururaj N. Holistic management of Darunaka (Seborrheic dermatitis) using Shodhana, Shamana and Kesara Taila Shiroabhyanga: A case report. TAIJA – Tatwachintanam – International Journal of Ayurveda. 2026;2(1):4-7.

Figure 1: Preparation of *Kesara Taila*

Figure 2: *Jaloukavacharna* on forehead

Figure 3: Scalp Photograph Before treatment

Figure 4: Scalp Photograph After treatment