Ayurvedic management of nilika a: A case study

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***Abstract*—The skin, the body's largest organ, reflects not only our physical health but also the harmony that exists within. Skin act as a barrier protecting the underlying tissue from physical, chemical and biological toxic agent. Skin diseases are mainly affecting the external beauty of the patients that hampers the daily routine of one's life. Skin diseases are commonly observed due to altered lifestyle, lack of physical exercise, poor hygiene, mental stress and improper food habits. Skin disorders constitute as one of the largest group of the health problems in general clinical practice. Skin disease is broad term which covers all the skin diseases in Ayurveda. Here kapha, vata, rasa, raktha are affected. Raktha Dushti is the main cause of twaj vikaras. Virechana is the sodhana karma for rakthaja vikaras. After sodhana, shamana chikitsa plays Major role for alpa dosha nirharana. In this present case study as 57 year old female patient diagnosed inpatient department complaints of black circular lesions all over the body occasionally associated with itching since 3 years. This patient was treated with snehapana, virechana and shamana chikitsa for 11days and marked changes were observed. As the disease Nilika is categorized under yapya vyadhi (intake of medicine and diet can symptomatically improve the pathological condition only) and treatment remedies are also minimum. Hence there is need of unique awareness on this sickness. Such kind of terrified problems are very frequent issue now days. To control this problem, proper diagnosis with severity of the disease is very essential. For this purpose, the present study has been carried out to make a classical diagnostic outline of the disease Nilika and to understand the tempestuous of this dermatological disorder with the help of its fundamental sign and symptoms. Literary resources were analyzed in this study. All the data concerning features of Nilika mentioned in classical Ayurveda texts were collected and ancient diagnostic features were documented in the form of photography to diagnose the disease accurately.**

***Index Terms*—Ayurveda, Nilika, Snehapana, virechana.**

I. INTRODUCTION

Ayurveda explains some codes and conducts of life which are supposed to follow for both physical and mental health. In present days, people have changed their lifestyles that played an important role in rakthadhusti and doshavruddhi, leads to skin diseases especially kushta. Most of the skin diseases in Ayurveda have been discussed under the broad heading kushta, which are further divided into mahakushta and ksudra kusta.

The disease Nilika is a type of kshudra kustha (group of skin disorders), mentioned in Ayurveda. It may manifests with various sign and symptoms like Krishna (Blackish discoloration), Niruja, tanu (painless thin lesion) that may generally manifests in Gatra, mukha i.e[1]. whole body and face. In Ayurveda there is no such standard parameter to diagnose this diseases easily. The present endeavour has been made to develop an arbitrary grading system based on classical diagnostic outline mentioned in classical texts of Ayurveda[2]. The effort has also given to understand the savagery of this disease with the help of its elementary sign and symptoms. All the classical metaphors are available on Nilika mentioned in classical texts were analyzed and envision features were documented in the structure of photography to diagnose the disease precisely. Further validation of this groundwork of grading system should be confirmed in other clinical study.

As per ancient scholars of Ayurveda, it is a type of kshudra roga (minute illness); here kshudra is described on the basis of hetu (etiology), lakshana (symptoms) and chikitsa (treatment). These are Clearly exemplifying in the classical texts, hence known as kshudra[3]. The disease Nilika is occurred due to vitiated vata and pitta[4]. Both the dosha are

responsible for manifestation of the disease, they are aggravated due to different manasika nidana (psychological phenomenon) and lodges into the gatra and mukha bhaga (entire body and face). This pathogenesis is characterized by few limited signs and symptoms as mentioned in Classical texts of Ayurveda, like- Krishna (blackish discoloration), Niruja-tanuka (painless thin lesion), in Gatra Mukha (Body and face). According to Ayurveda vitiated vata, pitta and rakta are prime pathological factors for manifestation of this disease[5]. Rakta is the dhatu (body tissue), which is responsible for colouration of the body. Any physiological alteration of Raktadhatu may cause the normal sketch of the body and assist to manifest the different altered colouration of body and produce several symptoms.

Post inflammatory hyperpigmentation is a common acquired cutaneous disorder occurring after skin inflammation or injury[6]. The condition is chronic and is more common and severe in individuals with darker skin tones, specifically those with fitzpatrick skin types III to IV[7][8]. Although post inflammatory hyperpigmentation typically improves spontaneously this process can take month to year, necessitating prolonged treatment. Although any inflammatory skin condition can result in hyperpigmentation. The most common causes of post inflammatory hyperpigmentation in patient with the darker skin colour are acne vulgaris, atopic dermatitis and impetigo[9]. Other etiologies include: infections, Allergic/ immunologic causes, papulosquamous disorders, cutaneous injuries. Epidermal hyperpigmentation typically resolves or significantly improves within 6 to 12 months, where as dermal hyperpigmentation improves slowly and may be permanent. Apart from psychological distress, no additional morbidity is associated with post inflammatory hyperpigmentation.

Hence ayurveda can provide better management in shodhana, shamana and nidhana parivarjana are the main line of treatment for any disease. So in the present case for the purpose of shodhana chikitsa virechana karma was selected. Snehapana was done with Mahatikktaka gritha[10]. This paper highlights a case study of kshudra kushta (nilika) as a rakthavahasrothodusti vikaram treated with the Ayurvedic principles in particular shodhana chikitsa. Patient got relief in the symptoms, better result achieved in this case using shodhana chikitsa and shaman chikitsa along with bahirparimarjana chikitsa (external application).

Nilika information in classical manuscript [11]

[NAMC -National Ayurveda Morbidity Codes): O-26 Nilika (black patch)][12].

▪Manasika nidana (mental etiology): Krodha

▪Predominance of Dosha (Pathological factors): Pitta and Rakta Prakopaka (Vitiates Pitta and Rakta) Signs and symptoms:

▪गात्रे कृष्णा मण्डलः Black coloured cicular lesion on body.

▪मुखे कृष्णा मण्डलः Black coloured circular lesion on face.

▪नीरुज मण्डल Painless circular lesion

▪तनुक: Thin lesion over body or face

Flow chart-1, Pathological description of Nilika:

Case report

A 57-year-old female patient presented with blackish discoloration of the skin with slightly elevated lesions for the past 2 years. Associated with intermittent itching . The lesions are located over the back of the neck, Central part of bilateral upper arm and forearms back and the medial aspect of both legs and feet. She reports that the condition has aggravated over the past 1 month. Which she suspects may have been triggered after consuming pickles. She also notes that repeated itching leads to further darkening over the affected areas.

Past medical history
K/H/O DM since 15 years
K/H/O Thyroid: hyperthyroidism since 17 years
K/H/O Dyslipidemia since 8 years.

Personal history
Appetite: moderate, Bowel: constipated once / day, Micturition: 5-10 times/ day and 3 times per night, Sleep: sound, habits: Nil

General examination
On physical examination, apperance was moderately built and no major variations. General complextion: dusky, Bp:120/ 80mmhg. Pulse: 74/ min, Temperature : afebrile, Respiratory rate: 22/min.

Systemic examination
CVS: S_1S_2 heard, regular rhythm, no murmurs. CNS: conscious and oriented to time, place and person. RS : NVBS heard, no added sounds.

Integumentary system examination
Inspection: hyperpigmented papules, location: generalised lesion especially on bilateral limbs, back of neck , medial aspect of bilateral foot
Shape: circular small
Colour: blackish brown
Configuration: discrete lesion
Palpation: localised temperature: absent
Edema : absent
Texture of lesion : no scaly lesion
Tests : igE : 118 IU/ mL

Diagnostic criteria

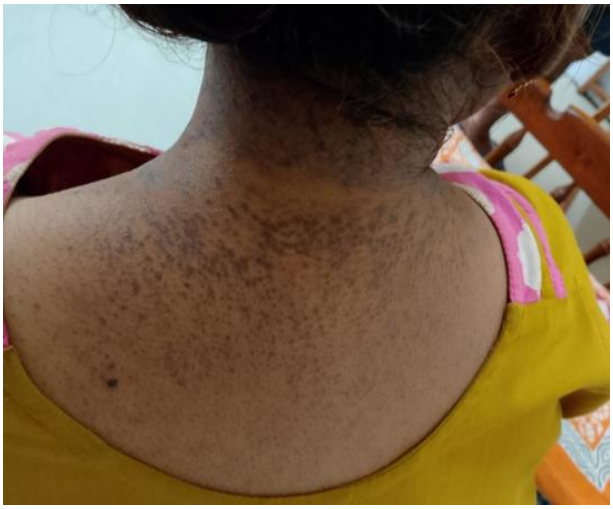
II. METHODS OBTAINED FOR ASSESSMENT OF NILIKA:

Appropriate literary meanings of the features Nilika were reviewed by the preliminary approach of arbitrary grading system and with the aid of taken photography of the patients. Written consent of the patient was taken before capturing the photograph. Special attention has been provided for maintaining privacy of each patient.

Table 1 grading of nilika

Features	Score
Arbitrary grading on the symptom Krishna: [Asita Krishna- Black color lesion over skin]	3 (Moderate black color lesion over skin)
Arbitrary grading on the [Nirujam arujam, Tanu abahalam of pain] symptom Niruja-tanu: Thin skin with devoid of pain	4 (Thin skin without any pain present more than 4% surface area of the body)
Arbitrary grading on the symptom Gatra Mukha: (Body and face)	3 (Lesions are presented in 3 to 4% surface area of the body)

Figure 1 Before treatment



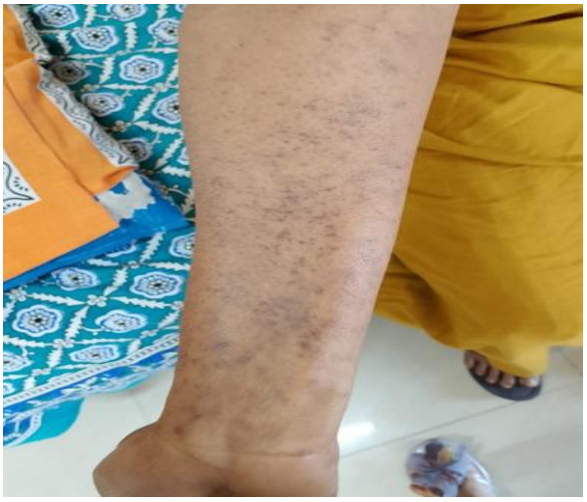


Table: 2 Treatment protocol

Date	Internal medicine	Dose with anupanam
11/11/25 - 13/11/25	Mahatikktakam kashaya, Aragwadadi kashayam, Punarnavadasakam kashayam, Mahamanjistadi kashyaya, Rasnaerandathi kashayam, Yogaraja guggulu, Kaishora guggulu, Guggulu panchapalam, Nimbarajanyadi tablet, Vilwadi gulika.	30 ml kashayam diluted with 45 ml of lukewarm water thrice a day before food
12/11/25	Nimbamritati eranda tailam	15 ml morning with hot water
14/11/25 - 19/ 11/25	Snehapanam with Mahatikktakam gritham	Hot water at early morning
22/11/25	Virechanam with avipathy choornam	15 gm along with hot water

Table 3 External therapeutic interventions

Date	External treatment
11/11/25 - 11/13/25	Parantyadi keratailam, eladikera tailam, chembarathi tailam
20/11/25 - 21/11/25	Baspa swedam
23/11/25 - 29/11/25	Takradara
23/11/25 - 29/11/25	Lepam with elati choornam , triphala choorna along with milk

Table 4 Snehapana assessment chart

SL NO	Date and time	Dose	Remarks with time
1	14/11/25 6:30 am	50ml	Food taken: 4:30 pm Bowel not passed
2	15/11/25 5:30 am	70ml	Appetite attained: 3:00 pm Food taken: 3:15 pm Bowel passed
3	16/11/25 5:30 am	90ml	Appetite attained: 12:30 pm Food taken: 12: 35 pm Bowel passed

4	17/11/25 5:30 am	110ml	Appetite attained: 1:30 pm Food taken: 2:00 pm Bowel passed
5	18/11/25 5:30 am	130ml	Appetite attained: 2: 00 pm Food taken: 2: 30 pm Bowel passed
6	19/11/25 5:30 am	150ml	Appetite attained: 2: 15 pm Food taken: 2: 30 pm Bowel passed

Table: 5 snehapana ayurvedic clinical parameters assessment chart

Clinical parameters	14/11/25	15/11/25	16/11/25	17/11/25	18/11/25	19/11/25
Vatanulomana	-	Attained	Attained	Attained	Attained	Attained
Agni Deepti	-	Attained	Attained	Attained	Attained	Attained
Purisha Snigdhata	-	-	-	-	Attained	Attained
Twak Snigdhata	-	-	-	Attained	Attained	Attained
Anga Laghava	-	-	-	-	-	Attained
Snehodvega	-	-	-	-	Attained	Attained

Figure 2 At the time of discharge

The patient was discharged with dietary practice to restore the digestion and metabolism along with palliative medicine (shamana aushadhi). Dietary restrictions included non vegetarian diet, junk food, fried food items, pickles, milk products and also advised to avoid day sleep. Discharge medicine follows combination of mahatiktakam kashaya, aragwadadi kashaya, Punarnavadasakam kashayam, mahamanjistadi kashyaya, Rasnaerandathi kashayam, Yogaraja guggulu, kaishora guggulu, Guggulu panchapalam, Nimbarajanyadi tablet, vilwadi gulika (15 each) 30 ml of kashayam diluted with 45 ml of lukewarm water TDS before food. Local application with elati choornam and triphala choorna along with milk lepam , abyangam with parantyadi keram and elathi keram tailam was advised.

III. DISCUSSION

SnehaPana: As the purvakarma (preparatory for virechana), achasnehapana was given. The mahatiktakam gritham posses tikkta rasa (bitter taste) helped in the kleda shoshanam and causes kaphahara there by relieving the symptoms of itching . Snehapana also helped in bringing the leena dosa into Aleena doshavastha. After obtaining the samyak snigdha lakshanas (symptoms of proper administration) sarvanga abhyanga (full body massage) with parantyadi kera tailam and elati kera tailam was advised. It promots the Dosha transportation from sakha to koshta. Then baspa swedam (steam fomentation) was administrated to achieve dosha shithilikarana and bringing the dosa from Shaka to koshta.

Virechana: after Snehapana and swedana the doshas were in uthklista state. As the patient was of kapha vata prakriti and the lesions were presented as symptoms. Sodhana procedure selected was virechana (purgation). Virechana was administrated with avipathy choornam along with hot water to expel the dooshitha dosha from the koshta.

In last stage of treatment takradara was advised . Takradhara acts as a cooling and stress-relieving therapy that helps alleviate inflammation, itching, and psychological triggers associated with chronic skin disorders, particularly those with Pitta-Kapha predominance.

IV. CONCLUSION

Kushta is a disease which is having a high impact on the body and mind. This case study documented evidence for the effective management of nilika by Ayurvedic protocol. shodhana Karma is the procedure that helps to remove the root cause of a disease and prevent the reocurrence of the diseases by eliminating the aggravated Doshas in the body. Also helps in reducing the number of lesions, discoloration and symptoms like itching, The orally prescribed medications also played a vital role in alleviating the symptoms and worked as immune booster.

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