

LEPA THERAPY IN AYURVEDIC DERMATOLOGY: A CASE STUDY ON LEUKOCYTOCLASTIC VASCULITIS TREATMENT

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ABSTRACT

Leukocytoclastic vasculitis (LCV) is an inflammatory condition affecting small blood vessels, triggered by insect bites, autoimmune disorders, allergies, or idiopathic factors. Conventional medical treatments often provide limited relief, prompting patients to explore alternative therapies. Ayurveda, with its holistic approach, offers effective management strategies for such conditions. A 70-year-old woman diagnosed with LCV experienced persistent symptoms despite undergoing conventional treatment. Seeking alternative care, she approached Ayurveda for further management. Based on Ayurvedic principles, her condition was diagnosed as Siragata Pitta, indicating an imbalance of Pitta affecting the blood vessels. A treatment protocol was established, incorporating Shaman aushadhis (oral palliative medicines) to pacify aggravated Pitta and Lepa (external herbal paste application) to promote localized healing. Throughout the treatment, the patient reported progressive relief from inflammation, itching, and

discomfort. Over time, her skin gradually regained its normal tone, and there was no recurrence of symptoms. This successful outcome highlights the efficacy of Lepa therapy in Ayurvedic dermatology for managing inflammatory vascular conditions like LCV. This case demonstrates that Ayurveda not only alleviates symptoms but also addresses the root cause of the disease, ensuring long-term relief. The combination of internal and external therapies

played a crucial role in restoring skin health and vascular integrity. The findings suggest that Ayurveda can be a valuable complementary approach in managing vasculitis.

KEYWORDS: *Leukocytoclastic vasculitis, Siragata Pitta, Lepa.*

INTRODUCTION

Leukocytoclastic vasculitis (LCV) is a histopathological term describing a common form of small vessel vasculitis (SVV) that can affect both the skin and internal organs. Cutaneous LCV is primarily limited to the skin, with extracutaneous involvement occurring in less than 30% of cases. Clinically, it presents with palpable purpura, predominantly on the lower extremities, and involves small blood vessels.

The incidence of biopsy-proven LCV is approximately 45 per million individuals annually, with an idiopathic cause in nearly 50% of cases. Various factors contribute to its onset, including allergies, insect bites, trauma, infections, drug reactions, and other skin-related injuries. Conventional management primarily relies on oral steroids and moisturizers. However, many cases remain resistant to treatment, with frequent relapses.

This case study presents a patient with LCV who did not respond to conventional treatment and was subsequently managed using Ayurvedic oral medication alone. Based on Ayurvedic principles, the condition was diagnosed as Rasa, Rakta and Pitta vitiation due to an allergy, considering the patient's history and aetiology. The Ayurvedic approach focused on balancing Pitta, addressing the root cause of inflammation, and promoting long-term healing.

This case highlights the therapeutic potential of Ayurveda in managing LCV, particularly when conventional treatments prove ineffective.

Patient information

A 70-year-old female presented with sudden-onset reddish rashes on her lower extremities, accompanied by burning sensation, itching, and swelling for the past 15–20 days. She had no history of fever or other systemic symptoms.

A dermatologist diagnosed her with leukocytoclastic vasculitis (LCV) and prescribed 40 mg oral Prednisolone (once daily). However, the patient experienced no significant improvement, and her symptoms worsened over the last week. Considering the lack of response to conventional treatment, Ayurvedic management was initiated on November 28, 2024, after

obtaining informed consent.

MATERIALS AND METHODS

History of Presenting Illness: The patient had a history of consuming curry containing Haldi (turmeric), Tomato, and Chicken, all known allergens for her. Three days after ingestion, she developed multiple red lesions on both legs, accompanied by burning sensation, itching, and swelling.

Medical and Family History: Patient is a known case of- Diabetes Mellitus and taking Allopathic treatment for the same.

Treatment History: At the time of the visit, the patient was on 40 mg oral Prednisolone (once daily). Prior to this, she had been prescribed antibiotics and analgesics, but the exact details were unavailable.

Clinical Findings

- General Examination: The patient was afebrile.
- CNS, respiratory, and cardiovascular examinations were normal.
- Local Skin Examination: Bilateral multiple palpable purpuras were present on the dorsal and ventral aspects of the legs extending up to the knees.
- No discharge was observed.
- The lesions were confined to the extremities, with no involvement of other body parts.

Diagnostic Assessment

Based on the clinical signs and symptoms, the patient was diagnosed with leukocytoclastic vasculitis (LCV). The presence of palpable purpura, ecchymotic lesions, tenderness, and confinement of rashes to the extremities supported this diagnosis.

Additionally, considering the history of exposure to allergens (haldi, tomato, and chicken), the condition was assessed through Ayurvedic principles. It was diagnosed as a case of Dushivisha (chronic accumulated toxins) leading to Rasa Dhatu vitiation, contributing to vascular inflammation and skin manifestations.

The severity of symptoms was assessed using graded scales, as presented in Table

Table 1: Gradation of symptoms.

Kandu (itching)	Raga	Daha	Utsanna Mandala	Rookshata
Grade 0- Absent	Grade 0- Absent	Grade 0- Absent	Grade 0- Absent	Grade 0- Absent
Grade 1- Mild or Occasional Itching	Grade 1- Mild redness	Grade 1- Mild burning	Grade 1- Mild elevated	Grade 1- Mild dryness
Grade 2 Moderate Itching	Grade 2 Moderate redness	Grade 2 Moderate burning	Grade 2 Moderate elevated	Grade 2 Moderate dryness
Grade 3 Severe Itching	Grade 3 Severe redness	Grade 3 Severe burning	Grade 3 Severe elevated	Grade 3 Severe dryness

Therapeutic Interventions

The patient had a history of allergy which leads to Kandu (itching), Daha (burning sensation), and Visarpa (spreading erythematous patches). Based on Ayurvedic assessment, the condition was diagnosed as Pitta vitiation of Sira and treatment was initiated with oral medications and lepa application.

Since the patient had been on steroid medication, a gradual tapering approach was followed. Considering the prominent lakshana Kandu, starting with Rasapachaka Vati 2-0-2 after food with lukewarm water Anantmula Ghana Vati 2-0-2 after food with lukewarm water.

Lepa

Coconut Oil (Narikela taila) + Raktachandana Churna + Yashtimadhu Churna + Karpura To make it in a paste form and apply it over the affected area twice a day.

Follow-up and outcomes

After two days, as the steroid dose was tapered, itching was increased significantly, Eladigana Vati 2-0-2 after food with lukewarm water was added to the treatment.

Relief in symptoms started showing in 2-3 days, rashes/purpura also decreased significantly. Before treatment, the patient had a total score of 13, reduced to 1 after the treatment, with a reduction in all the skin manifestations and complaints.

Table 2: Timeline of therapeutic intervention.

DATE	TREATMENT
28/11/2024	Rasapachak vati, Anantmula ghana vati and Lepa
29/11/2024	Rasapachak vati, Anantmula ghana vati and Lepa
30/11/24	Rasapachak vati, Anantmula ghana vatia and Lepa

1/12/24	Rasapachak vati, Anantmula ghana vatia and Lepa Eladi gana vati also added
2/12/24 to 4/12/24	Rasapachak vati, Anantmula ghana vatia and Lepa Eladi gana vati
5/12/24 onwards	Rasapachak vati, Anantmula ghana vatia and Shatadhauta Ghruta Eladi gana vati

DISCUSSION

Here is the table for the Assessment of Complaints Based on Gradation:

Symptoms	Before Treatment	After Treatment	Percent Improvement
Itching	2	0	100%
Erythema	3	0	100%
Burning Sensation	2	0	100%
Elevated Circular Skin Lesion	2	0.5	75%
Eruption	3	0	100%
Dryness of Skin	1	0.5	50%

In Ayurvedic practice, naming a disease is not as crucial as understanding its pathophysiology and doshic involvement. As stated in Charaka Samhita:

vikāranāmakuśalo na jihyāt kadācana |

na hi sarvavikārāṇām nāmato'sti dhruvā sthitiḥ || (Cha. Su. 18/44)

Similarly, Vagbhatta mentions:

na hi sarvavikārāṇām nāmato'sti dhruvā sthitiḥ || (A.H. Su. 12/64)

Etiology and Pathogenesis

The identified cause (hetu) of this condition is allergens, which can be correlated with **Dushi Visha**. The symptoms align with the pitta pathogenesis as described in Charaka Samhita, Maharoga Adhyaya.

Lakshana (Symptoms): Raga (redness), Paka (inflammation), Daha (burning sensation), Kandu (itching), and Shotha (swelling).

Charaka Samhita Reference

pittasya karmanah svalakṣaṇamidamasya bhavati taṁtaṁ śārīrāvayavamāviśataḥ |
tadyathā – dāhausṇyapākasvedakledakothakaṇḍūsavarāgā yathāsvaṁ ca
gandhavarṇarasābhinirvartanaṁ pittasyakarmāṇi |
tairanvitaṁ pittavikāramevā'dhyavasyet || (Cha. Chikitsā – Mahāroga Adhyāya 15)

Since the symptoms are appearing in Sira (blood vessels), the condition is identified as

Siragata Pitta. Treatment Plan

Based on the dosha and dhatu involvement, the following treatment approach is implemented:

Internal Medications:

1) Rasapachaka Vati which contains-

kaliṅgakaḥ paṭolasya parām kaṭukaro hiṇī || (Cha. Su. 3/20)

2) Sariva ghana vati

sārive ve tu madhure kaphavātāsranāśane |

kuṣṭha kaṇḍū jvarahare mehadurgandhanāśane || kṛṣṇamūlī tu saṅgrāhī śīśirā kaphavātajit |

tṛṣṇārucci praśamanī raktapittaharā smṛtā || (Dhanvantari Nighantu)

sārivā madhurā tiktā susnigdha śukralā himā |

gurvī jvarātisāra āmadoṣatraya viṣāpahā || avisāda aruci śvāsakāśāśra pradārānuta ||

(Kaiyadeva Nighantu)

sārivāyugalaṁ svādu snigdhaṁ śukraṁ guru |

agnimāndraya aruci śvāsa kāśa āmaviṣanāśam || doṣatrayāstra pradaraḥ jvara atīśāranāśanam ||

(Bhavaprakash)

3) Eladi gana

elādiko vātakapho nihanyādviṣameva ca |

varṇaprasādanaḥ kaṇḍūpiḍakākoṭhanāśanaḥ || (Sushrut Su. 38/13)

Ela, Tagara, Kustha, Mamsi, Dhyamaka, Tvak, Patra, Nagapuspa, Priyangu, Harenuka, Vyaghranakha, Valuka, Sukti, Sthauneyaka, Srivestaka, Coca, Coraka, Aguru, Sphrkka, Usira, Bhadradi, Kumkuma, Punnaga and Kesara (nagakesara).

elādikau vātakaphau viṣam ca viniyacchati |

varṇaprasādanaḥ kaṇḍūpiḍakākoṭhanāśanaḥ || (A.H. Su. 15/43–44)

Topical Application (Lepa)

- Lepa application in a pratiloma direction allows medicine to enter the hair follicles and get absorbed through Swedavaha Sira.
- Since Raktadhara Kala is present in Sira, topical applications play a vital role in symptom reduction.

- **Narikel taila**

keśyaṃ pittānilaharaṃ dantyaṃ madhurameva ca || (Kaiyadeva Nighantu)

- [illegible]

 (Bhavprakash)

bhūtapittakaphakāsa jvarabhānti jantuvamijitrsāpaham || (Raj Nighantu)

- nāsā āsrāvajalāpahāḥ kṛmiharaḥ tṛṭ śvāsakāsaṁ jayet || (Ayurveda Mahodadhi)

- Included in Kandughna Gana of Charaka Samhita.

- (Suśruta Saṁhitā Uttara Tantra 39/283)



Fig. 1: Before treatment.



Fig. 2: Application of Lepa.



Fig. 3: After treatment.

CONCLUSION

The management of Siragata Pitta focuses on pitta-pacifying, cooling, and detoxifying principles. Since allergens (Dushi Visha) played a role in its manifestation, a combination of internal medicines (Rasapachaka Vati, Sariva Ghana Vati, Eladi Gana) and external applications (Pralepa with Narikel Taila, Rakta Chandana, Karpura, Yashtimadhu, and Shatadhauta Ghrita) were used. This case demonstrates the importance of understanding dosha-dhatu involvement rather than rigidly adhering to disease nomenclature.

REFERENCES

1. Charaka. *Charaka Samhita*, Sutrasthana 18/44, Sutrasthana 3/20, Chikitsasthana – Maharoga Adhyaya 15. Commentary by Chakrapani. Varanasi: Chaukhamba Sanskrit Sansthan; reprint ed.
2. Sushruta. *Sushruta Samhita*, Sutrasthana 38/13, Uttara Tantra 39/283. Commentary by Dalhana. Varanasi: Chaukhamba Orientalia; reprint ed.
3. Vagbhata. *Ashtanga Hridaya*, Sutrasthana 12/64, Sutrasthana 15/43–44. Varanasi: Chaukhamba Krishnadas Academy; reprint ed.
4. *Dhanvantari Nighantu*. Kandughna Varga, Rakta Varga, Karpura Varga. Varanasi: Chaukhamba Orientalia; reprint ed.
5. Bhavaprakasha. *Bhavaprakasha Nighantu*, Purva & Madhyama Khanda – Sariva Varga, Rakta Varga, Karpura Varga. Varanasi: Chaukhamba Bharati Academy; reprint ed.
6. Kaiyadeva. *Kaiyadeva Nighantu*, Taila Varga, Sariva Varga. Varanasi: Chaukhamba Orientalia; reprint ed.
7. *Raj Nighantu*. Rakta Chandan Varga. Varanasi: Chaukhamba Orientalia; reprint ed.
8. Govind Das Sen. *Ayurveda Mahodadhi*. Karpura Varga. Varanasi: Chaukhamba Sanskrit Sansthan; reprint ed.
9. Sharangadhara. *Sharangadhara Samhita*, Madhyama Khanda, Lepa Adhyaya. Commentary by Tripathi B. Varanasi: Chaukhamba Surbharati Prakashan; 2017; 210-215.
10. Sharma Sadananda. *Rasa Tarangini*. Taranga 6/65–71, 6/68. New Delhi: Motilal Banarsidass Publishers; reprint ed.
11. Government of India, Ministry of AYUSH. *Ayurvedic Pharmacopoeia of India*, Part I, Vol. I. New Delhi: Department of AYUSH; reprint ed.
12. Mukherjee PK. *Quality Control of Herbal Drugs*. New Delhi: Business Horizons; 2019.
13. Patwardhan B, Mashelkar RA. Traditional medicine-inspired approaches to drug discovery: can Ayurveda show the way forward? *Drug Discov Today*, 2009; 14(15– 16):

804–811.

14. Valiathan MS. *The Legacy of Caraka*. Hyderabad: Universities Press, 2006.
15. Sharma PV. *Dravyaguna Vijnana*. Vol. 1–3. Varanasi: Chaukhamba Bharati Academy, 1999.
16. Sharma S, Dash B. *Materia Medica of Ayurveda*. Varanasi: Chaukhamba Sanskrit Series, 2001.
17. National Center for Biotechnology Information (NCBI). Leukocytoclastic Vasculitis – Clinical and Histopathological Overview [Internet]. Bethesda (MD): National Library of Medicine (US); [cited 2025 Aug 11]. Available from: <https://www.ncbi.nlm.nih.gov>
18. Carlson JA, Ng BT, Chen KR. Cutaneous vasculitis update: diagnostic criteria, classification, epidemiology, etiology, pathogenesis, evaluation, and prognosis. *Am J Dermatopathol*, 2005; 27(6): 504–528.
19. Jennette JC, Falk RJ, Bacon PA, et al. 2012 Revised International Chapel Hill Consensus Conference Nomenclature of Vasculitides. *Arthritis Rheum.*, 2013; 65(1): 1– 11.
20. Savalagimath MP, Bayari VS, Jiddannavar AB. Management of leukocytoclastic vasculitis through Ayurvedic principles. *J Res Ayurvedic Sci.*, 2023; 7: 243-50.