

A COMPARATIVE OBSERVATIONAL STUDY ON SKIN DISORDERS ACROSS VATA, PITTA, AND KAPHA PRAKRITI TYPES

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ABSTRACT

Background: In Ayurveda, an individual's *Prakriti* (constitutional type) plays a fundamental role in determining susceptibility to diseases, especially *Twak Vikara* (skin disorders). Each *Dosha*—*Vata*, *Pitta*, and *Kapha*—has inherent *Gunas* that manifest distinctly when imbalanced. While skin disorders are traditionally associated with *Pitta Dosha*, clinical manifestations in *Vata* and *Kapha* types are often underexplored. This study aims to compare skin disorder patterns across different *Prakriti* types and draw correlations with modern dermatological diagnoses. **Objective:** To observe and compare the manifestations of skin disorders in individuals of *Vata*, *Pitta*, and *Kapha* dominant *Prakriti*, and correlate classical Ayurvedic symptomatology with modern clinical dermatological findings. **Methods:** A cross-sectional observational study was conducted on 50 participants presenting with skin disorders. *Prakriti* assessment was done using a validated Ayurvedic questionnaire used in the screening

OPD of Shri Dhanwantry Ayurvedic College and Hospital, Chandigarh. Each participant was categorized into *Vata*, *Pitta*, or *Kapha* dominant type. Skin symptoms were recorded and categorized using Ayurvedic textual references and ICD-based dermatological diagnoses.

Data were analysed for patterns and inter-group correlations. **Results:** Out of 50 participants, 18 were *Pitta*-dominant, 16 *Vata*-dominant, and 16 *Kapha*-dominant. The most common skin disorders in each group were.

- *Pitta Prakriti* – *Yuvan Pidika* (Acne vulgaris), *Charmadala* (Urticaria), and *Vyanga* (Melasma)
- *Vata Prakriti* – *Dadru* (Tinea corporis), *Kitibha* (Psoriasis), and *Rukshata* (Xerosis)
- *Kapha Prakriti* – *Mandala Kushta* (Seborrheic dermatitis), *Kandu* (Pruritus), and *Shvitra* (Vitiligo)

The study found that while the pathogenesis varied according to *Dosha* dominance, many conditions overlapped symptomatically and correlated with modern inflammation-based, fungal, or autoimmune etiologies. **Conclusion:** *Prakriti*-based differentiation of skin disorders reveals unique symptom profiles and tendencies, yet shared pathophysiological elements (e.g., inflammation, infection, hypersensitivity) offer strong bridges to modern dermatology. Understanding these patterns reinforces the Ayurvedic concept of personalized medicine and its applicability in integrative dermatological care.^[12]

INTRODUCTION

Ayurveda views health as a dynamic balance of *Doshas*—*Vata*, *Pitta*, and *Kapha*—which constitute an individual's *Prakriti*, or psychosomatic constitution.^[1] The skin (*Twak*) is considered the seat of *Rasa*, *Rakta*, *Mamsa*, and *Lasika dhatus*.^[2] and hence vulnerable to *Doshik* imbalances. In clinical Ayurveda, *Pitta* is prominently linked to skin pathologies due to its *Ushna*, *Tikshna*, and *Drava* properties.^[3]

However, the involvement of *Vata* and *Kapha Doshas*—characterized respectively by *Ruksha* (dry), *Laghu* (light), *Sheeta* (cold), and *Snigdha* (oily) qualities—has been relatively under-investigated in comparative contexts.^[4] Modern dermatology classifies skin disorders based on histopathological and microbial factors.^[9,10] yet clinical presentations—itching, dryness, pustules, pigmentation—may vary significantly by body constitution, environmental factors, and stress.^[13]

This study aims to provide an observational analysis of how skin diseases present across different *Prakriti* types and how classical Ayurvedic signs and symptoms can be aligned with contemporary dermatological diagnoses for enhanced understanding and treatment.^[12]

MATERIALS AND METHODS

Study Design and Setting

A cross-sectional observational study was conducted in the Screening OPD of Shri Dhanwantry Ayurvedic College and Hospital, Chandigarh, over a period of 2 months.

Participants

- Sample size: 50 participants presenting with diagnosed or observable skin disorders
- Age group: 16–45 years
- Sampling: Purposive sampling based on skin complaint presentation
- Inclusion Criteria: Patients willing to participate and able to undergo *Prakriti* assessment
- Exclusion Criteria: Individuals currently on immunosuppressive therapy – which may alter both skin pathology and systemic responses.^[10]

Prakriti Assessment

Conducted using a structured and validated questionnaire based on Ayurvedic texts (*Samhitas*).^[2,3,4] Physical, psychological, and physiological traits were recorded.

Data Collection Tools

- Detailed history including diet, sleep, seasonal aggravation, family history
- Clinical examination of skin features as per Ayurvedic descriptors (e.g., *Pidika*, *Kandu*, *Raga*)^[4]
- Dermatological classification using ICD-10 codes (e.g., L70.0 for Acne vulgaris)^[9]

Statistical Analysis

Descriptive statistics used to compare frequencies and distributions across *Prakriti* types. Categorical data assessed via Chi-square test, using SPSS v22.0.

RESULTS

Distribution of Participants by Prakriti and Skin Disorders.

Prakriti Type	No. of Participants	Skin Disorders (Ayurveda)	Modern Diagnosis
Pitta	18	<i>Yuvan Pidika</i> , <i>Charmadala</i> , <i>Vyanga</i>	Acne vulgaris, Urticaria, Melasma
Vata	16	<i>Dadru</i> , <i>Kitibha</i> , <i>Rukshata</i>	Tinea corporis, Psoriasis, Xerosis
Kapha	16	<i>Mandala Kushta</i> , <i>Kandu</i> , <i>Shvitra</i>	Seborrheic dermatitis, Pruritus, Vitiligo

Symptom Profile Comparison

Symptom (Ayurveda)	Dominant in Prakriti	Modern Correlation
<i>Pidika</i> (pustules)	Pitta	Acne lesions
<i>Rukshata</i> (dryness)	Vata	Xerosis, Psoriasis
<i>Snigdhata</i> (oily)	Kapha	Seborrheic dermatitis
<i>Kandu</i> (itching)	Kapha > Vata	Eczema, fungal infections
<i>Raga</i> (redness)	Pitta	Inflammatory dermatoses

Observations

- *Pitta*-dominant individuals experienced sharp, inflamed lesions with heat and burning sensation—consistent with inflammatory dermatoses.^[8,9]
- *Vata*-dominant individuals presented with dry, scaling lesions, correlating with xerotic eczema and psoriasis^[4,7]
- *Kapha*-dominant participants showed oily, thickened lesions with itching and hypo-pigmentation, aligning with seborrheic and fungal pathologies.^[11]

DISCUSSION

This study supports the Ayurvedic understanding that each *Prakriti* influences disease presentation.^[7] *Pitta*'s inherent *Ushna* and *Tikshna* nature predisposes it to inflammatory disorders like acne and urticarial.^[1,8] *Vata*'s *Ruksha* and *Laghu* qualities manifest in dryness and cracking, seen in conditions like psoriasis and *Tinea corporis*.^[3,7] *Kapha*'s *Snigdha* and *Guru* properties contribute to sluggish metabolism, itching, and hypo-pigmented lesions.^[4,6] Modern dermatology classifies these conditions based on etiology (bacterial, fungal, autoimmune), yet symptom overlap is evident.^[10,11]

- *Kitibha* and psoriasis both show scaling and dryness^[7]
- *Yuvan Pidika* and acne vulgaris share sebaceous gland overactivity.^[9,13]
- *Mandala Kushta* and seborrheic dermatitis share patchy, oily skin with itching.^[11]

Such overlaps validate Ayurvedic observations and suggest that constitutional analysis (*Prakriti*) may enhance diagnostic accuracy and guide preventive strategies.^[12,13]

CONCLUSION

This observational study found that *Prakriti*-based characteristics significantly influence the type and manifestation of skin disorders. The comparison with modern diagnostic categories revealed substantial symptom correlations. Understanding these relationships reinforces the integrative potential of Ayurvedic diagnostics in contemporary dermatology.^[12,14]

Recommendations

- Inclusion of *Prakriti* assessment in Ayurvedic dermatological clinics can enhance individualized care.^[7]
- Early identification of *Doshik* tendencies may help in pre-emptive lifestyle modifications.
- Further clinical and interventional studies should validate these correlations in larger cohorts.^[13]

Limitations

- Sample size was limited to 50 due to resource and time constraints.
- *Prakriti* assessment is partially subjective; though standardization was attempted, bias cannot be completely eliminated.^[7]
- The study was observational; causality cannot be inferred.^[12]

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