

Clinical Effectiveness of Dhanyaka Swarasa Lepa for Bhallataka Visha Janya Kustha (Contact Dermatitis): A Case Report

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Abstract

Introduction: Contact dermatitis resulting from exposure to Bhallataka (*Semecarpus anacardium* Linn.), most often occurring accidentally during preparation of the fruit for oil, represents a classical form of Agantuja Vrana. Within the Ayurvedic system, poisoning of this nature is addressed through Lepa Chikitsa, one among the twenty-four therapeutic measures (Chaturvinshati Upakrama) described for the management of Visha Chikitsa. **Clinical Picture:** A 27-year-old male presented to the outpatient department with a three-day history of erythema, oedema, and a burning sensation, together with vesicle formation over the exposed body surface, following accidental contact with Bhallataka oil during its extraction.

Management: Treatment consisted of cleansing of the affected region followed by local application of freshly prepared Dhanyaka (*Coriandrum sativum*) Lepa for a period of thirty days, combined with oral administration of Dhanyaka Swarasa and adherence to appropriate Pathya-Apathya (dietary and lifestyle regulation). **Result:** Marked relief in erythema and burning sensation was evident by day four, with complete epithelialisation achieved by day fourteen. No relapse or adverse effect was recorded on subsequent follow-up. **Conclusion:** This case illustrates the effectiveness of Dhanyaka Swarasa Lepa as a safe, economical, and readily accessible measure for the management of Bhallataka-induced contact dermatitis.

Keywords: Bhallataka, Contact Dermatitis, Dhanyaka Swarasa, Agadatantra, Lepa, Case Report

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1. Introduction

Rasatarangini and the Dhanvantari Nighantu classify Bhallataka (*Semecarpus anacardium* Linn.) among the Upavishas, or secondary poisons; the drug is additionally listed under Schedule E1 of the Drugs and Cosmetics Rules, 1945.¹ Despite this classification as a toxic substance, Bhallataka continues to be employed therapeutically in conditions such as Kustha, Gulma, and Arsha once it has been rendered safe through proper purification (Shodhana).

The pericarp of the Bhallataka fruit contains a tarry oil rich in anacardic acid and urushiol-like compounds that are capable of provoking acute allergic and irritant contact dermatitis on skin contact.² Such exposure most commonly occurs unintentionally, whether during oil extraction, during Shodhana, or through certain customary practices. The resulting clinical presentation typically includes erythema, oedema, a burning sensation, and vesiculation, occasionally progressing to oozing, crusting, and marked pruritus, with secondary bacterial infection remaining a risk if the lesion is scratched excessively.

Conventional treatment of this condition is largely symptomatic and centres on saline irrigation together with topical agents such as silver sulfadiazine or silver nitrate.³ Ayurveda, by contrast, emphasises Lepa Chikitsa, one of the twenty-four therapeutic modalities (Upakrama) described by Acharya Charaka for the management of Visha, with the objective of neutralising the toxin locally before it is absorbed systemically to produce Dooshivisha.⁴

Dhanyaka (*Coriandrum sativum* Linn.) finds long-standing use in classical literature for the treatment of toxic conditions, owing to its Sheeta (cooling), Kashaya (astringent), and Vishaghna (anti-toxic) properties. For Bhallataka toxicity specifically, Dhanyaka has traditionally been applied in the form of Kothimbir Lepa.⁵ Its ready availability, simple preparation, and low cost have made it a widely used household remedy. This case report presents the use of Dhanyaka Swarasa and Kalka in a patient who developed contact dermatitis following exposure to Bhallataka.

2. Case Report

2.1 Patient Information

Chief Complaints

Clinical Effectiveness of Dhanyaka Swarasa Lepa for Bhallataka Visha Janya Kustha (Contact Dermatitis): A Case Report

A 27-year-old male presented to the outpatient department of *Vishachikitsa* at Bharati Vidyapeeth (Deemed to be University) College of Ayurved and Hospital, Pune, with a three-day history of redness, burning, and blister formation.

From the onset of these complaints, the patient reported *Daha* (burning sensation) and *Kandu* (itching), accompanied by *Shotha* (swelling) over the affected region, which developed following accidental exposure to *Bhallataka* oil and fruit.

History of Present Illness

The patient had remained asymptomatic until three days before presentation. Symptoms appeared within a day of accidental exposure to *Bhallataka* oil during its extraction, progressing from erythema and a burning sensation to vesicle formation by the second day.

Dietary and Exposure History

- Incidental exposure to *Bhallataka* while involved in the oil extraction process
- No prior history of similar contact allergy
- Aggravation of itching noted after consumption of non-vegetarian food and *Gawar* (cluster beans)

Past History: No history of comparable complaints or other relevant illness; no known drug allergies.

Family History: Non-contributory.

Personal History

Table 1: Personal History of the Patient

Parameter	Finding
Age	27 years
Sex	Male
Occupation	Doctor
Bala (strength)	Madhyama (moderate)
Appetite	Good
Addiction	None
Mala (bowel habit)	Malavrodha (constipated)
Nidra (sleep)	Samyak (normal)
Prakriti (constitution)	Pitta-Vata
Blood pressure	120/80 mm Hg

Ashtavidha Pariksha Findings

Table 2: Ashtavidha Pariksha (Eightfold Clinical Examination) Findings

No.	Parameter	Finding
1	Nadi (pulse)	Pitta-Vata dominant
2	Mala (stool)	Malavrodha
3	Mutra (urine)	Samyak
4	Jivha (tongue)	Sama
5	Shabda (voice)	Spashta (clear)
6	Sparsha (touch)	Ushna – local warmth over the lesion
7	Druk (eyes)	Prakrita (normal)
8	Akriti (build)	Madhyama (moderate)

Local Examination

Local examination revealed an erythematous, oedematous patch over the affected site with multiple tense vesicles and bullae, surrounding erythema, local warmth, and tenderness. No evidence of secondary bacterial infection or regional lymphadenopathy was observed.

3. Diagnostic Assessment

A diagnosis of *Bhallataka*-induced contact dermatitis (*Agantuja Shotha*) was made on the basis of a clear history of exposure consistent with the classical description recorded by *Acharya Charaka*, together with clinical features typical of allergic contact dermatitis.

Treatment Timeline

Table 3: Treatment Timeline

Day	Event
Day 0	Accidental exposure to <i>Bhallataka</i> oil
Day 1	Onset of erythema and burning sensation
Day 2–3	Vesicle formation; patient presented to the outpatient department
Day of presentation	Diagnosis confirmed; Dhanyaka Swarasa Lepa initiated
Day 7	Follow-up – reduction in erythema and oedema
Day 10	Complete resolution / re-epithelialisation

Day	Event
Day 15	No recurrence noted

Intervention

Preparation of Dhanyaka Swarasa

Fresh *Dhanyaka* leaves were collected and thoroughly washed before being crushed to prepare *Kalka*; *Swarasa* was subsequently extracted using a mixer-grinder and strained through clean cloth. A fresh batch of *Swarasa* was prepared before each application to preserve its potency.

Method of Application

The affected area was first cleansed with plain water. *Dhanyaka Kalka* was then applied as *Lepa* to a thickness of approximately 1–2 mm, corresponding to one-third of an *Anguli* as described in the *Sharangdhara Samhita*, covering the lesion together with its surrounding margin. This application was repeated twice daily until complete resolution was achieved.

Shamana Chikitsa: *Dhanyaka Swarasa* was additionally administered internally as *Shamana Chikitsa*, at a dose of 10–20 ml twice daily on an empty stomach, continued until complete resolution.

Pathya-Apathya

- Avoidance of further exposure to *Bhallataka*
- A light, easily digestible diet
- Avoidance of *Viruddha Ahara* (incompatible food combinations)
- Adequate hydration

Assessment and Follow-up

Table 4: Assessment of Clinical Parameters during Follow-up

Parameter	Day 1	Day 4	Day 7
Daha (burning)	+++	++	–
Erythema	+++	++	–
Oedema	+++	+	–
Vesicles	Present	Drying	Absent
Kandu (itching)	+	+	–

The severity score for erythema and burning sensation declined from 3 at baseline to 0 by day 7, and this improvement was maintained at subsequent follow-up.

Figure 1: Clinical Photographs Showing Response to Treatment



(a) Before treatment – erythematous, oedematous patches with vesiculation over the neck and chest
(b) After treatment – complete resolution of erythema with re-epithelialisation

4. Discussion

This case illustrates the successful resolution of *Bhallataka*-induced contact dermatitis through a single-agent Ayurvedic local application directed at the toxin at its site of contact.

Rationale for Treatment Selection

Dhanyaka Swarasa, used as *Lepa*, is predominantly *Sheeta Virya* with *Kashaya-Madhura Rasa*, properties that help pacify *Pitta* and reduce local *Daha* and inflammation. Its *Vishaghna* property is classically indicated for toxin-induced skin reactions, while its astringent (*Kashaya*) action supports early wound contraction and reduces oozing.⁵ Use of the drug in *Swarasa* form ensures that its active constituents remain readily bioavailable, without loss attributable to processing.

Comparative Observations

An in-vivo study evaluating *Dhanyaka* leaf *Lepa* against *Bhallataka*-induced local toxicity in Wistar rats reported a reduction in erythema and improved wound healing, although the effect was somewhat less pronounced than that achieved with 0.2% silver nitrate gel with respect to erythema score and day of epithelialisation; no adverse organ toxicity was observed in either group.⁶ In the present case, use of a *Swarasa* rather than a *Kalka* preparation achieved favourable clinical resolution, suggesting that both

formulations warrant comparative evaluation in future studies.

Proposed Mode of Action

Figure 2: Proposed Mode of Action of Dhanyaka Swarasa Lepa in Bhallataka-Induced Contact Dermatitis

Nidana Sevana (contact with Bhallataka oil)

↓

Pitta-Kapha Prakopa and Rakta Dushti at the local site

↓

Twak Vikruti – Shotha, Daha, Kandu, Pidika

↓ (action of Dhanyaka Swarasa: Sheetā, Vishaghna, Kashaya)

Resolution of local Vrana and re-epithelialisation

Strengths

- A single, easily accessible household remedy
- Direct targeting of the local toxin at the site of contact, consistent with the principle of *Lepa Chikitsa*
- Complete resolution achieved within 10 days
- Absence of adverse effects throughout the treatment period

Limitations

- Findings are limited to a single case, restricting generalisability
- A relatively short follow-up period; longer observation is required to confirm sustained remission
- Objective severity scoring and biomarker assessment were not employed
- The possibility of spontaneous or placebo-related resolution cannot be excluded

5. Conclusion

This report describes a 27-year-old male with *Bhallataka*-induced contact dermatitis who was successfully managed with local application of *Dhanyaka Swarasa* as *Lepa*, combined with *Pathya-Apathya* guidance, achieving complete resolution within 10 days. The benefit was sustained at follow-up, with no adverse effects observed. These findings support the classical use of *Dhanyaka* as a safe, accessible, first-line local remedy for *Bhallataka* toxicity, in keeping with the Ayurvedic principles of *Nidana Parivarjana* and *Samprapti Vighatana*.

6. Patient's Perspective

“The reaction came on very suddenly – within a day of handling the oil, my neck and chest started burning and turning red, and by the second day blisters had formed. As a doctor myself, I was naturally concerned about how quickly it was spreading and whether it would leave scarring. The burning and itching were the most distressing part, especially at night. Once I started the coriander (*Dhanyaka*) paste and juice, I noticed the burning sensation easing within a few days, and by the end of the first week the redness had settled considerably. By the second week, the skin had healed completely with no marks left behind. I was relieved that something so simple and easily available could work this well, without any side effects. I would be comfortable recommending this approach to others who face similar accidental exposure.”

7. Declaration of Patient's Consent

The authors confirm that written informed consent was obtained from the patient, permitting publication of this case, the accompanying clinical details, and the clinical photographs in this journal. The patient's name, initials, and facial identity have not been disclosed, and every reasonable effort has been made to protect identity; however, complete anonymity cannot be guaranteed.

8. Conflicts of Interest

The authors declare no conflict of interest.

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