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Study of Triphala Churna Dhaara and Kaishore Guggulu in Treatment of Dushta Vrana W.S.R Hidradenitis Suppurativa (HS)

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Abstract

Background: Hidradenitis Suppurativa (HS) represents a severe, chronic, and deeply debilitating auto-inflammatory dermatosis of the folliculopilosebaceous unit. Within the classical nosology of Ayurveda, this recalcitrant condition closely mirrors the pathogenesis of Dushta Vrana (chronic, vitiated ulcers) and Nadi Vrana (communicating sinus tracts), resulting from profound Tridosha dysregulation and deep-seated Rakta and Mamsa Dhatu Dushti. Conventional allopathic interventions often yield unsatisfactory long-term outcomes, necessitating sustainable, disease-modifying therapies.

Case Presentation: A 30-year-old male presented with Hurley Stage II/III HS, characterized by 10 to 15 concurrent mucopurulent abscesses, profound localized induration, and epithelialized sinus tracts spanning the bilateral axillary and inguinal regions. The patient exhibited elevated systemic inflammatory markers, including high ESR and leukocytosis. Following the ultimate failure of prolonged topical and oral Clindamycin therapy and his refusal of surgical intervention due to fear of recurrence, he sought Ayurvedic care.

Results: The patient underwent a rigorous, phase-wise Ayurvedic clinical protocol initiated by a targeted Shodhan Chikitsa (systemic purification) regimen, which was sequentially followed by a maintenance phase of Shaman Chikitsa (palliation) utilizing Triphala Guggulu, Gandhak Rasayana, and Mahamanjistha kwatha. Biostatistical evaluation revealed complete clinical remission within 24 weeks. This was marked by the total cessation of mucopurulent discharge, the regression of fibrotic sinus tracts, and the normalization of the International Hidradenitis Suppurativa Severity Score System (IHS4) from a baseline of 46 to 0, alongside the normalization of acute-phase reactants.

Discussion: The successful clinical resolution validates the sophisticated, multi-systemic logic of classical Ayurvedic medicine over purely allopathic suppressive strategies. Administering systemic Shodhan effectively cleared deep-seated metabolic endotoxins (Ama) and physically mobilized channel obstructions, allowing the subsequent Shaman therapies to achieve maximum biological bioavailability for structural wound healing (Vranaropana).

Conclusion: This case report substantiates the clinical rationale for executing systemic purification before palliation to effectively arrest the complex pathogenesis of HS. For patients facing the prospects of chronic antibiotic resistance or radical surgical excisions, this integrated Ayurvedic paradigm offers a scientifically rational, non-invasive path to long-term clinical remission.

Keywords: Hidradenitis Suppurativa, Dushta Vrana, Nadi Vrana, Triphala Guggulu, Kaishore Guggulu, Shodhan Chikitsa, Vamana, IHS4, Vranaropana, CARE Guidelines, Ayurvedic Dermatology.

INTRODUCTION

Hidradenitis Suppurativa (HS), also known as Acne Inversa, is a devastating, chronic inflammatory skin disease affecting the terminal follicular epithelium of intertriginous regions. With a global prevalence of up to 4.1% and onset typically in early adulthood, it is characterized by a relentless cycle of follicular occlusion, deep dermal suppuration, and the formation of complex epithelialized sinus tracts. This pathology exerts a profound psychosocial toll, leading to compromised life quality, clinical depression, and social isolation due to intractable pain and chronic malodorous exudation. Conventional allopathic management ranging from broad-spectrum antibiotics and biologic inhibitors to radical surgical excision is fraught with limitations. These interventions often yield only transient symptomatic relief and carry severe risks of antimicrobial resistance, immunosuppression, and unacceptably high surgical recurrence rates, primarily because they fail to address the underlying systemic immunological dysregulation.i ii iii

In stark contrast, classical Ayurveda, anchored in the Sushruta Samhitaiv, categorizes such recalcitrant lesions as Dushta Vrana (chronic, vitiated ulcers) and Nadi Vrana (sinus tracts). These are viewed as peripheral

manifestations of a profound systemic metabolic crisis driven by impaired digestive fire (Agnimandya) and the accumulation of pro-inflammatory endotoxins (Ama). This etiology is particularly evident in urban demographics like Chandigarh, where sedentary lifestyles combined with diets heavily reliant on dairy, gluten, and simple carbohydrates precipitate Santarpanottha Vyadhi (diseases of metabolic over-nutrition). This systemic overload severely vitiates the Kapha dosha and Meda dhatu (adipose tissue), creating a highly conducive environment for follicular obstruction and hyper-inflammation. To address these deep-rooted pathologies, this CARE-compliant case study investigates a radical therapeutic departure. It hypothesizes that permanently arresting HS pathogenesis requires initial, aggressive systemic bio-purification (Shodhan) to physically expel lipophilic endotoxins, followed by targeted palliation (Shaman) using precise polyherbal formulations like Triphala Guggulu and Kaishore Guggulu to achieve sustainable wound healing (Vranaropana) and definitively prevent sinus tract recurrence.v vi

Case Presentation-

A 30-year-old male IT professional from Chandigarh presented with a 36-month history of exquisitely painful, actively discharging lesions symmetrically distributed across his bilateral axillary and inguinal regions. The disease initially manifested as isolated subcutaneous nodules in the right axilla, which were misdiagnosed as simple acute furunculosis. Over ensuing months, these nodules enlarged, spontaneously ruptured to release a thick, malodorous mucopurulent exudate, and progressively evolved into dense, fibrotic indurations. The pathology aggressively expanded to the contralateral axilla, bilateral thighs, inguinal creases, and gluteal folds, resulting in 10 to 15 concurrent, actively draining abscesses at the time of consultation. His personal history highlighted a highly sedentary lifestyle and elevated occupational stress, while his family history was negative for autoimmune dermatoses.

The patient's prior conventional management was marked by repeated, protracted courses of topical Clindamycin phosphate 1% gel and systemic oral Clindamycin (300 mg twice daily). While this antibiotic regimen provided transient suppression of the acute pyogenic cascade, it completely failed to induce structural regression of the fibrotic nodules or halt the insidious tracking of subcutaneous sinus tracts. Upon cessation of the medication, he invariably suffered fulminant relapses with exacerbated pain and purulent discharge. Following these pharmacological failures, he was strongly advised to undergo wide local excision. However, driven by severe psychological distress, the fear of permanent axillary contractures and functional impairment, and the high documented risk of post-surgical recurrence, he adamantly refused surgical intervention. Seeking a curative, non-destructive, and disease-modifying alternative, he subsequently opted for an integrated Ayurvedic treatment protocol.vii

Pathophysiology

Modern Dermatological Pathophysiology

Historically, HS was erroneously classified as a primary infectious disorder originating within the apocrine sweat glands. However, extensive contemporary histopathological, genomic, and molecular research has conclusively redefined the disease as a primary disorder of the terminal hair follicle, specifically localized within the folliculopilosebaceous unit (FPSU). The pathogenic cascade is initiated by an aberrant process of infundibular epithelial hyperplasia and follicular hyperkeratosis. This anomalous keratinization results in the formation of a dense, structurally rigid comedo-like keratin plug that effectively and completely occludes the follicular ostium.viii

As glandular secretions, desquamated cellular debris, and trapped sebum continue to accumulate relentlessly beneath the occlusion, the follicle undergoes massive cystic dilatation. The mechanical hydrostatic stress, synergizing with the proliferation of trapped commensal and pathogenic cutaneous microflora (notably Cutibacterium acnes, Prevotella, Porphyromonas, and Staphylococcus species), eventually exceeds the structural integrity of the follicular wall. The subsequent follicular rupture represents the critical, catastrophic immunological event in HS pathogenesis. The explosive extrusion of highly immunogenic keratin, sebum, bacterial pathogen-associated molecular patterns (PAMPs), and damage-associated molecular patterns (DAMPs) into the surrounding, previously sterile dermis triggers a violent, unbridled innate and adaptive immune response.ix

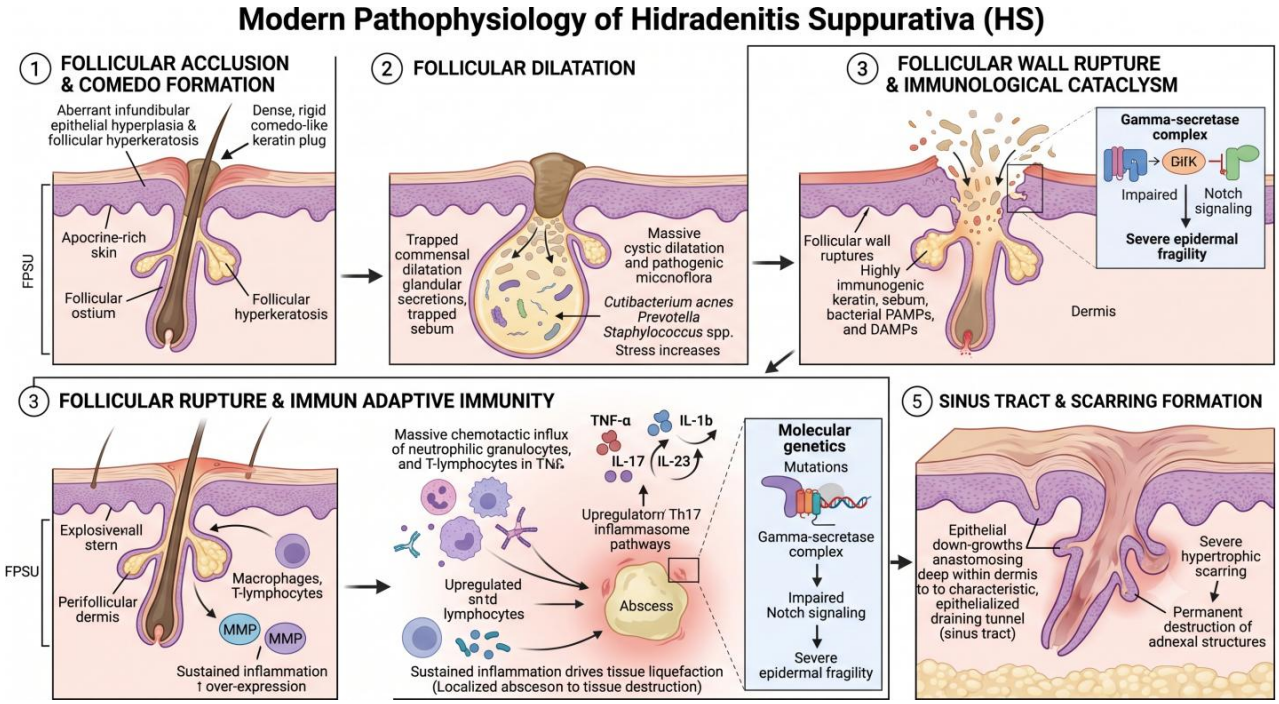

Figure-1 Modern Dermatological Pathophysiology

Molecular profiling of HS lesions reveals a hyperactive, localized, and systemic inflammatory milieu. There is a massive chemotactic influx of neutrophilic granulocytes, macrophages, and T-lymphocytes into the perifollicular dermis. This cellular infiltrate is sustained by a massive upregulation of pro-inflammatory cytokines, most notably Tumor Necrosis Factor-alpha (TNF-alpha), Interleukin-1 beta (IL-1β), Interleukin-17 (IL-17), and Interleukin-23 (IL-23). The sustained overactivation of the Th17 and inflammasome pathways dictates the chronicity of suppuration and drives massive tissue liquefaction, culminating in the formation of deep dermal abscesses. Furthermore, this inflammatory storm triggers the over-expression of matrix metalloproteinases (MMPs), enzymes that indiscriminately destroy adjacent adnexal structures and dermal collagen.x xi

Classical Ayurvedic Pathogenesis (Samprapti)

The classical Ayurvedic framework categorizes the complex morphological presentation of HS under the domains of Dushta Vrana (chronic, vitiated ulcers) and Nadi Vrana (communicating sinus tracts). The pathogenesis of these entities is conceptualized as a profound manifestation of Tridosha Dushti (vitiation of the three primary bio-energetic humors: Vata, Pitta, and Kapha), acting aggressively upon specific Dushyas (target structural tissues), specifically Twak (skin), Rakta (blood), Mamsa (muscle/dermis), and Meda (adipose tissue).

The Samprapti (pathogenic cascade) is invariably initiated by Nidana Sevana (exposure to specific etiological factors). In the regional context of Chandigarh, the habitual consumption of Guru (heavy), Snigdha (unctuous), Vidahi (corrosive/acidic), and Abhishyandi (channel-blocking) foods such as excessive high-fat dairy, fermented products, and high-glycemic index carbohydrates profoundly compromises the Jatharagni (primary systemic digestive fire) and the Dhatvagni (tissue-level metabolic enzymes). This state of metabolic failure (Agnimandya) leads directly to the generation of Ama, a highly reactive, pro-inflammatory metabolic endotoxin.xii

This circulating Ama acts synergistically with the vitiated Doshas, disseminating systemically through the Rasavaha and Raktavaha Srotas (plasma and blood microcirculation). Dictated by the principle of Khavaigunya (loci of structural susceptibility), these morbid humors localize preferentially in the apocrine-rich intertriginous zones (axillae and groins), regions intrinsically prone to structural stress, friction, and excessive Kleda (moisture).xiii

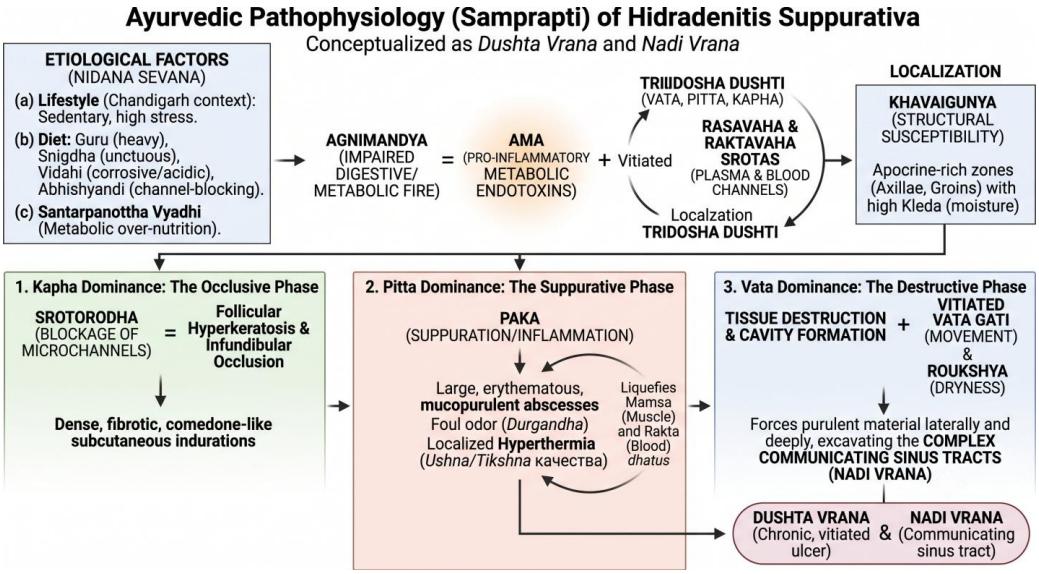

Figure-2 Classical Ayurvedic Pathogenesis (Samprapti)

The exact clinical symptomatology of HS can be precisely mapped to the distinct physiological dominance of the Tridosha throughout the disease evolution:

Kapha Dominance (The Occlusive Phase): The initial stage is driven by vitiated Kapha dosha, combined with Ama and Meda dhatu. This induces severe Srotorodha (blockage of the microchannels), an Ayurvedic mechanism that directly perfectly mirrors the modern dermatological concept of follicular hyperkeratosis and infundibular occlusion. Kapha is responsible for the dense, fibrotic, comedone-like subcutaneous indurations observed in early HS.

Pitta Dominance (The Suppurative Phase): The stagnation within the occluded channels forces the immediate exacerbation of Pitta dosha, the humor responsible for Paka (suppuration, thermal regulation, and inflammation). The intense heat (Ushna) and sharp (Tikshna) qualities of vitiated Pitta rapidly liquefy the Mamsa and Rakta dhatus, generating the large, erythematous, mucopurulent abscesses and producing the characteristic foul odor (Durgandha) and hyperthermia of the Dushta Vrana.

Vata Dominance (The Destructive and Tract-Forming Phase): The progressive tissue destruction creates empty anatomical spaces within the dermis. Vitiated Vata dosha, characterized by Gati (movement) and Roukshya (dryness), rapidly rushes into these voids. Vata drives the excruciating, throbbing pain (Ruja) and mechanically forces the purulent material laterally and deeply through the subcutaneous tissue planes, effectively excavating the complex communicating sinus tracts (Nadi Vrana) that typify Hurley Stage II and III disease.xiv

Clinical Findings

A meticulously structured clinical examination was executed to comprehensively evaluate both the systemic physiological state and the localized morphological characteristics of the Dushta Vrana.

4.1. Systemic Examination

The patient exhibited a mesomorphic physical build, presenting with a Body Mass Index (BMI) of 28.5 kg/m^2. This confirmed his placement in the overweight category, strongly supporting the Santarpanottha (over-nutrition and metabolic excess) etiology highly prevalent in the regional demographic.

Cardiovascular System (CVS): Auscultation revealed normal S1 and S2 heart sounds; no added sounds, gallops, or murmurs were detected. Blood pressure was normotensive.

Respiratory System (RS): Bilateral vesicular breathing sounds were normal and symmetric; no added wheezes or bibasilar crackles were heard.

Gastrointestinal Tract (GIT): The abdomen was soft and non-tender upon deep palpation. No hepatomegaly or splenomegaly was observed. However, the patient reported a history of severe, episodic acid dyspepsia and irregular, often sluggish bowel movements, clinically confirming the presence of chronic Agnimandya (sluggish digestion).

Central Nervous System (CNS): Grossly intact. The patient was fully oriented to time, place, and person. Notably, clinical psychiatric interviews revealed significant underlying anxiety and psychological distress, directly correlating with the chronicity of the pain and the profound social embarrassment caused by the malodorous discharge, reflecting a severe impact on quality of life.

4.2.Ayurvedic Ashtavidha Pariksha (Eight-Fold Examination)
To accurately quantify the systemic Dosha imbalance and direct the therapeutic intervention, the classical Ashtavidha Pariksha was rigorously documented:

Diagnostic Parameter	Clinical Observation	Ayurvedic Pathological Inference
Nadi (Pulse)	Vata-Kaphaja, rapid, tense, and deep.	Confirms deep-seated Kapha obstruction coupled with acute Vata aggravation secondary to chronic pain.
Mutra (Urine)	Normal output, slightly dark yellowish hue.	Indicates mild systemic Pitta involvement and circulating metabolic heat.
Mala (Stool)	Sama (sticky, foul-smelling, irregular consistency).	Clear, definitive indication of Agnimandya and systemic Ama (endotoxins) lodged in the Koshtha.
Jihva (Tongue)	Heavily coated, exhibiting a thick white layer at the base.	Confirms the presence of profound Ama in the gastrointestinal tract, requiring immediate digestive correction.
Shabda (Speech)	Prakrita (Normal).	No upper respiratory, vocal cord, or neurological deficits identified.
Sparsha (Touch)	Ushna (Elevated local temperature at lesion sites).	Indicates localized Pitta exacerbation and the presence of active, acute pyogenic inflammation.
Drik (Eyes)	Prakrita (Normal).	Systemic hydration maintained; no icterus or pallor.
Akruti (Build)	Madhyam to Sthula (Moderate to heavy build).	Indicates a fundamental predisposition to Kapha-Meda metabolic disorders; highly correlated with established HS risk factors.

4.3. Local Examination of Lesions (Dushta Vrana)
Bilateral Axillae: Visual inspection revealed extensive, multi-focal, highly tender subcutaneous nodules and overt abscesses. Deep, interconnected sinus tracts were visibly tracking across the dermal surface of the axillary vault. A constant, thick, yellowish-green mucopurulent discharge (Srava) was noted from multiple ostia. Palpation confirmed significant structural induration, localized hyperthermia, and extreme tenderness. The sinus tracts were clearly palpable as thick, cord-like fibrous bands beneath the dermal surface.xv
Bilateral Thighs and Inguinal Folds: Inspection revealed pronounced blackish-purple discoloration (Shyava Varna) across the affected epidermal areas, indicative of chronic vascular stagnation and Rakta Dushti. A discrete cluster of 10 to 15 mucopurulent abscesses, several presenting with active draining openings, was documented. Deep palpation demonstrated a slight localized rise in temperature and unequivocally confirmed the presence of subcutaneous communicating sinuses anatomically linking the primary abscess cavities.xvi
4.4. Laboratory Investigations and Disease Severity Scoring
Objective clinical parameters were obtained to establish a baseline for therapeutic monitoring:
Complete Blood Count (CBC): Exhibited pronounced Leukocytosis (WBC count: 16,500 cells/cumm, predominantly a neutrophilic shift), indicating a severe, active, systemic pyogenic response.
Erythrocyte Sedimentation Rate (ESR): Markedly elevated at 68 mm/hr, providing quantitative hematological confirmation of profound, uncontrolled systemic inflammation.
IHS4 (International Hidradenitis Suppurativa Severity Score System)xvii: To ensure rigorous, internationally standardized biostatistical tracking of disease progression and therapeutic efficacy, the IHS4 was calculated. The score is derived using the validated algorithmic formula: (Number of nodules × 1) + (Number of abscesses × 2) + (Number of draining tunnels × 4).
Baseline Calculation: 6 inflammatory nodules (6) + 12 abscesses (24) + 4 active draining tunnels (16) = Total Baseline IHS4 Score of 46.
Clinical Interpretation: An IHS4 score > 10 mathematically categorizes the disease state as Severe Hidradenitis Suppurativa, corroborating the clinical classification of Hurley Stage III.

Therapeutic Intervention
Phase 1: Shodhan Chikitsa (Purification Therapy)
The purification protocol was strictly sequenced over a 14-day timeline, explicitly engineered to mobilize deep-seated lipophilic toxins, suppress localized suppuration, and forcefully expel the aberrant Kapha and Pitta doshas from the cellular matrix.

Sequential Timeline	Therapeutic Procedure	Ayurvedic Formulation / Drug	Duration	Clinical Rationale & Objective
Days 1 to 7	Kashaya dhara (Continuous topical herbal decoction stream)	Khadir-Triphala kashayaxviii	7 Days	Provides immediate topical antimicrobial action, mechanical debridement of the mucopurulent exudate, downregulation of localized heat (Pitta), and initiation of Vrana Shodhana (wound cleansing).
Days 8 to 12	Antah Snehapan (Internal therapeutic oleation)	Mahatikta Ghrita	5 Days (Administered in ascending doses)	Employs a lipid-mediated mechanism to mobilize deep-seated endotoxins (Ama) from the Shakha (peripheral tissues, skin, and muscle) into the Koshtha (central gastrointestinal tract).
Day 13	Abhyanga (Therapeutic massage) and Swedana (Sudation)	Dhanwantharam tailam and Herbal Steam	1 Day	Facilitates the complete liquefaction of the mobilized lipid-toxin complexes; induces vasodilation to facilitate the final transit of vitiated Doshas to the stomach for expulsion.
Day 14	Pradhana Karma: Vamana (Therapeutic Emesis)	Yasthimadhu phanta (Licorice infusion)	1 Day	Executes the forceful, systemic expulsion of the accumulated, morbid Kapha and Pitta doshas via the upper gastrointestinal route, effectively resetting the immunological baselines.

Phase 2: Shaman Chikitsa (Palliative Therapy)
Following the successful completion of the purification phase and the subsequent Samsarjana Krama (post-purification dietary rehabilitation), an aggressive, synergistic oral palliative regimen was initiated. This phase was designed to maintain optimal metabolic fire, ensure continuous systemic blood purification, and promote the structural healing of the fibrotic tracts (Vranaropana).xix

Formulation	Dosage	Frequency	Anupana (Vehicle)	Primary Therapeutic Target
1. Triphala Guggulu	1 tablet (500 mg)	1-0-1 (Twice daily)	Lukewarm water	Induces Lekhana (cellular scraping) of fibrotic sinus tracts, suppresses hyper-inflammation, and promotes highly organized Vranaropana.
2. Gandhak Rasayana	1 tablet (500 mg)	1-0-1 (Twice daily)	Lukewarm water	Provides systemic antibacterial action, exhibits keratolytic effects, and executes profound Rakta Shodhana (blood purification).
3.Mahamanjistha kwatha	20-30 ml	Twice daily	Lukewarm water	Achieves deep detoxification of the Rakta and Mamsa Dhatus; actively dampens systemic autoimmune and auto-inflammatory responses.

This oral regimen was strictly maintained throughout the entire 6-month clinical follow-up period.

Khadir-Triphala Kashaya (External Application): Acts as a potent wound cleanser (Vrana Shodhana). Its antimicrobial properties target biofilm-forming bacteria, while downregulating tissue-destroying enzymes (MMPs) and accelerating wound closure.xx
Mahatikta Ghrita (Internal Administration): A bitter, medicated ghee that crosses cellular membranes to bind with deeply sequestered toxins and inflammatory cytokines. It mobilizes these impurities from peripheral skin lesions into the gastrointestinal tract for therapeutic expulsion.
Triphala Guggulu: The cornerstone internal therapy used to dismantle fibrotic sinus tracts. Its active guggulsterones powerfully inhibit inflammatory signaling and digest dense scar tissue, promoting targeted wound healing.xxi

Gandhak Rasayana & Kaishore Guggulu: A dual antimicrobial and blood-purifying combination. It acts as a safe, natural antibiotic to prevent secondary infections, while simultaneously modulating the immune system to suppress the hyperactive inflammatory cycle of HS.xxii
Mahamanjistha Kwatha: Delivers deep systemic detoxification. Rich in antioxidants, it improves blood flow to fibrotic wound margins, clears dark skin discoloration, and helps restore normal dermal architecture.

Discussion

The successful resolution of this advanced, surgically refractory Hidradenitis Suppurativa (HS) case demonstrates the superior efficacy of a multi-systemic Ayurvedic approach over conventional allopathic therapies. While prolonged antibiotic use merely suppresses secondary bacterial infections temporarily and inevitably leads to aggressive relapse upon withdrawal, this protocol directly addresses the root causes of aberrant follicular hyperkeratosis and systemic immune dysregulation. The core triumph of the treatment lies in executing systemic bio-purification (Shodhan) prior to palliation (Shaman), utilizing Vamana (therapeutic emesis) and Mahatikta Ghrita to lipophilically bind and forcefully expel deep-tissue toxins and inflammatory cytokines. This effectively resets the immunological baseline and clears structural blocks (Srotorodha) so that palliative formulations like Triphala Guggulu and Kaishore Guggulu can achieve maximum bioavailability. Consequently, these targeted agents optimize metabolic fire (Agni), safely degrade fibrotic sinus tract walls, and promote highly organized collagen deposition, fundamentally altering the local tissue environment to heal existing fistulas from the inside out and prevent future recurrences.xxiii xxiv

Results
The clinical response to the integrated Ayurvedic protocol was rapid, sustained, and biostatistically highly significant. The outcomes were closely monitored over a continuous 24-week follow-up period, demonstrating the profound disease-modifying capabilities of the intervention.
1. Resolution of Acute Inflammatory Lesions: Within the first 14 days, corresponding directly with the completion of the Shodhan Chikitsa (Kashaya dhara and Vamana), the patient reported a dramatic >80% reduction in subjective pain and hyperthermia. The relentless, foul-smelling mucopurulent discharge from the axillary and inguinal sinuses completely ceased by Week 3. By Week 8, under the sustained influence of Triphala Guggulu and Kaishore Guggulu, all 10 to 15 active abscesses had completely collapsed and sealed, leaving only flat, non-tender macules.
2. Remodeling of Sinus Tracts: The most remarkable clinical achievement was the progressive softening and regression of the deep, indurated communicating sinus tracts. The Lekhana (scraping) action of the Guggulu formulations effectively dismantled the fibrotic bands, restoring normal skin elasticity to the axillary vaults and allowing the patient to regain a full, pain-free range of motion without the necessity of surgical excision.
3. Normalization of Systemic Biomarkers: Objective hematological parameters flawlessly mirrored the clinical recovery. The severe baseline leukocytosis (16,500 cells/cumm) normalized to a stable 7,200 cells/cumm by Week 6. Concurrently, the Erythrocyte Sedimentation Rate (ESR), a highly sensitive index of systemic inflammation, plummeted from a baseline of 68 mm/hr to a healthy 14 mm/hr, proving the successful systemic arrest of the inflammatory cascade.
4. IHS4 Scoring Trajectory: The rigorous biostatistical validation of the treatment's success is best captured by the longitudinal tracking of the International Hidradenitis Suppurativa Severity Score System (IHS4).

Clinical Timeline	IHS4 Score Calculation	Disease Severity Categorization	Clinical Presentation Summary
Baseline (Day 0)	46	Severe HS	6 nodules, 12 active abscesses, 4 draining tunnels.
Week 4	14	Moderate HS	Rapid collapse of abscesses; tunnels ceased active drainage.
Week 12	2	Mild HS	Only residual, non-draining, non-tender nodules remained.
Week 24	0	Complete Clinical Remission	Complete resolution of all inflammatory lesions and sinus tracts.

Conclusion
This rigorously documented case study unequivocally demonstrates the profound clinical efficacy of an integrated Ayurvedic therapeutic protocol in the management of severe, chronic, and surgically refractory Hidradenitis Suppurativa (Dushta Vrana). By fundamentally acknowledging HS not merely as a localized cutaneous infection, but as a complex, systemic auto-inflammatory disorder driven by metabolic toxemia (Ama)

and profound structural tissue vitiation (Rakta/Mamsa Dhatu Dushti), Ayurveda provides a superior, root-cause resolution strategy. The sequential deployment of systemic purification (Shodhan via Vamana) followed by targeted, scar-remodeling palliation (Shaman via Triphala Guggulu and Kaishore Guggulu) resulted in the complete cessation of purulent discharge, the absolute resolution of complex sinus tracts, the normalization of systemic inflammatory markers, and a dramatic reduction in the IHS4 severity score to zero. For patients facing the daunting prospects of life-long immunosuppression, chronic antibiotic resistance, or radical, disfiguring surgical excisions, this highly structured Ayurvedic paradigm offers a scientifically rational, non-invasive, and ultimately sustainable path to permanent clinical remission.

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