



**Ayurvedic Management of Dadru Kushtha W.S R.
to Tinea corporis- A Case Study**

Kulkarni Prajakta*¹, Kulkarni Rajan², Deshmukh Devdatta³

1. PhD Scholar, Associate Professor, Dept. Of Kayachikitsa ,DhanvantariAyurvedic Medical College, Udgir, Maharashtra, India.
2. Professor and Head, Dept. of Kayachikitsa , A.S.S. Ayurved Mahavidyalaya, Nashik, Maharashtra, India.
3. Assistant Professor , Dept. of DravyagunaVidnyana , A.S.S. Ayurved Mahavidyalaya, Nashik, Maharashtra, India.

***Corresponding author:** dddevshree@gmail.com

Abstract

Skin is one of the bigger organs of human body .As it is first protective part of body according to it's location it is susceptible to various skin diseases . Fungi and bacteria are most causative factors of various Skin infections . Ayurveda mentions all skin diseases under one term i.e. '*Kushtha*'⁽¹⁾. This broad term *Kushtha* again subdivided in *Mahakushta* and *Kshudrakushta*. *Dadru* is one of them. *Dadru* is *Raktapradoshajavyadhi* having its reflection on *Rasawahstrotas* i.e. *Twak*. It have dominance of *kapha*, *pitta* . *Dadru* have similar symptoms like *Tineacorporis* so it can be correlated with it, which is a dermatophytic fungal infection of skin .It is caused by *Apathyaka AaharVihara* long with poor hygiene. Ayurvedic texts mentions *Shodhan* and *Shamanchikitsa* for *Kushtha*.

Keywords: *Kushtha*, *Kandughna*, *Dadru*, *Kushtaghna*, *Tineacorporis*, *ermatophytosis*,

Arogyavardhini, *Mahamanjishthadikashaya*, *GandhakRasayana*

Introduction:

Human body has the Skin as a Bigger organ of it. As it is first protective part of body it is susceptible to various disorders. Due to change in life style in recent years, there has been a considerable growth of skin diseases all over the world.

1. Ayurveda mentions all skin diseases under one term i.e. *Kushtha*.⁽¹⁾ This broad term *Kushtha* again subdivided in *Mahakushta* and *Kshudrakushta*. *Dadru* is one of them.
2. *Charakacharyas* included *Dadru* in *Kshudrakushta*.⁽⁴⁾
3. whereas *Sushrutacharya* and *Vagbhatacharya* have explained under *Mahakushtha*.⁽⁷⁾
4. Repeated consumption of *Apathya*, *AhitkaraAahar* , *Guru* , *Snigdha*, *Ruksha*, *Vidaahi*, *Abhishyandi*,

- Madhura, Lavana*, etc. are the dietary causes⁽³⁾
5. And right from getting up in the morning to staying awake in the night, Day time sleeping, *vegvidharan*, too much hard work, due to continuous contact with soil in farming are some of the reasons of *Kushtha*.⁽⁴⁾
 6. (6) Hygiene of body by exercising, *Udvartana*, bathing regularly, etc if not followed lead to *Dadru* where *Kandu* (Itching) is the major symptom.⁽²⁾
 7. Along with this other *lakshanas* of *Dadru* include *Utsan na Mandalakarpitika* (Elevated Circular Patches having papules at the margin), *Raaga* (Erythema), Burning of the skin due to itching, *Sraaw* or *Roukshya*.
 8. Although *Kushtha* is *Tridoshatmak* *vyadhi* *Thesamprapti* of *Dadru* mainly involves *dushti* of *Kapha-Pitta doshas* and *dushti* of *rasa -raktavaha* *strotas*.
 9. *Dadru* have similar symptoms like *Tinea corporis* it can be correlated with it, which is a dermatophytic fungal infection of skin. This infection is termed as *Tinea* or ringworm or dermatophytosis or *Mycosis*.⁽¹⁹⁾
 10. Amongst 1000 people 5 people are suffering from this type of infection.
 11. Modern medical science manages this disease with topical and systemic antifungal agents like

Griseofulvin and use of corticosteroids orally and for external application.⁽¹⁸⁾

12. In Ayurvedic texts *Antaparimarjan* (*Shodhan- Shaman*) and *Bahirparimarjan* (topical) *Chikitsa* is mentioned for *Dadru*.⁽²⁰⁾

13. So Above mentioned ayurvedic treatments were used in this case study. For *koshtashodhananitya virechana* *Eranda Bhrushta Haritaki* is used. In *Shamanachikitsa* formulations were used like *Gandhaka Rasayana*, *Arogyawardhiniwati* and *Mahamanjishthadi Kwath* having *Rakt ashodhak*, *Kushtaghna*, *Krumighna*, *Kandughna*, *Raktaprasada* properties.

Bahiparimarjanachikitsa was given in the form of *lepa* of *Triphala*, *Vidang*, *Haridra* powder with *Saindhaw* and *kanji*.

Case Report:

A 40 years female came to Kayachikitsa OPD of ASS's Arogyashala (*Rugnalaya*), Nashik having main complaints of round and Dark colored skin patches over Gluteal region with intense itching for one month.

History of present illness :- Patient was well before one month and then she gradually developed the round and reddish patches over Gluteal region having intense itching. she had taken Allopathy medicines from local practitioner but not having satisfactory effect so she came to Arogyashala *Rugnalaya*, Nashik.

Past History :- No past history of Diabetes mellitus, Hypertension, Allergies, Asthma or not having thyroid problem.

Family History :-Husband having same complaints.

Clinical Examination:-In *Ashthavidhparikshanas* well as *StrotasParikshan* no abnormality was observed except *Raswah Strotas* was affected. In *Aakruti parikshan* patient had *madhyamakruti*. In Local examination 2 circular erythematous well demarcated

patches with some vesicular eruption over Gluteal area. Discharge from lesion was absent. Vital parameters- All vital parameters like cardiac function, respiratory function were within normal limit.

Diagnosis :- It was done with clinical features and KOH Mount it was diagnosed as *Dadru (Tineacorporis)*.

Table No 1: Treatment suggested:

Sr. No.	Drug given	Dose /Anupan	Duration/ Time
1	<i>GandhakaRasayana</i>	500 mg 2 times a day with luke warm water	28 days
2	<i>Arogyawardhiniwati</i>	500 mg 2 times a day with luke warm water	28 days
3	<i>MahamanjishthadiKwath</i>	20 ml 2 times a day with luke warm water	28 days
4	<i>ErandbBhrushta Haritaki</i>	10 gm at night	28 days
5	<i>Triphala, Vidang, Haridra powder, Saindhaw</i>	10 gm at night	28 days

Before bath with kanji 28 days
Investigations- CBC and ESR were within normal limits
KOH mount was positive before treatment.
Assessment criteria:- Assessment of patient was done on the basis of improvement in

subjective parameters like *Kandu* (Itching), *Raaga* (Erythema), *Utsanna mandala* (Elevated circular skin, Lesion) and *Pidaka* (papules) , skin scrapping by KOH mount and photographs of lesion before, during and after treatment.

Table No 2: Gradation of Parameters:

SN	Grade 0	Grade 1
<i>Kandu</i> (Itching)	Absent	Present
<i>UtsannMandal</i> (Elevated skin lesion)	Absent	Present
<i>Pidaka</i> (Papules)	Absent	Present
<i>Rag</i> (Erythyma)	Absent	Present
KOH Mount	Negative	Positive

Observation and Results Table No 3: Assessment before, during and after treatment.:

Symptoms	Day 0	Day 28
<i>Kandu</i> (Itching)	1	0
<i>Utsann Mandal</i> (Elevated skin lesion)	1	0
<i>Pidaka</i> (Papules)	1	0
<i>Rag</i> (Erythema)	1	0
KOH Mount	1	0

Before treatment Gradation of *Kandu* was 1 (Itching present) which reduced to 0 (No Itching) After completion of treatment.

Before treatment Gradation of *Utsanna mandala* was 1 (elevated skin lesion) which reduced to 0 (No elevated lesion) it was absent on day 28 that is after completion of treatment.

Before treatment Gradation of *Pidaka* was 1 (present) which reduced to 0 (no *pidaka*) on day 28 that is after completion of treatment.

Before treatment *Raaga* (*Erythema*) was 1 (present) and it was 0 (absent) on day 28 that is after completion of treatment.⁽²⁰⁾

Before treatment KOH mount was 1 (present) and it was 0 (absent) on day 28 that is after completion of treatment

Thus complete improvement was observed in all parameters after completion of treatment. Same can be seen in following pictures taken before & after treatment.

Discussion:

Kushtha are always *Tridoshatmak*. According to *Charakacharya* and *Vagbhata*, *Dadru* is *Pitta-Kapha* dominant and according to *Sushrutaacharya* it is *Kaphapradhan*. *Rasa* and *Rakta* involved in the production of *samprapti*. Repeated *Shodhana* and *Shamana* drugs having *Raktashodhak*, *Kushtaghna*, *Krumighna*,

Raktaprasadak and *Kandughna* properties are described for *Kushthachikitsa*. To get better result, *lepa* as *Bahiparimarjana Chikitsa* are also advised. While doing this case study the patient was treated with orally *Gandhakarasayana*, *Arogyavardhinivati*, *ErandbhrustHaritakiChurna*, *MahamanjishthadiKwath* with external application of *Trifala*, *vidanga*, *haridra*, *saindhawpowder* with *kanji* is applied in the form of *lepa*⁽¹⁵⁾ for 28 days.

Likely action mode of *Gandhakrasayan* It is a prepared by *Shuddha Gandhaka* with *dwadashbhawit* by herbs. It is mainly used in the management of *KushtaRoga*. It has antibacterial and antifungal properties. *RaktaDhatu* is purified by it. It has antifungal property. It improves skin complexion by its *Rasayana* property. *Gandhak* mainly reduces the *Kandu*, *Pidika*, *Raaga* and *Daha* by its *Raktashodhak*, *prasadak*, *Vranaropak*, *Krumighna* and *Kushthaghna properties*⁽¹⁴⁾

Likely action mode of *Arogyavardhinivati* It is mainly indicated in *Kushtharoga*. The main ingredient of *Arogyavardhinivati* is *Kutki* (*PicrorrhizakurroaRoyle ex Benth*). It also contains *Haritaki* (*Terminaliachebula Retz.*), *Bibhitaka* (*Terminaliabellerica* (Gaertn.) Roxb.), *Amalaki* (*Emblicaofficinalis* Gaertn.),

ShilajatuShuddha (Asphaltum), *GugguluShuddha* (Commiphorawightii Arn.), *Eranda* (Ricinuscommunis Linn.), and minerals like *ShuddhaParada* (purified mercury), *ShuddhaGandhaka* (purified sulfur), *LauhaBhasma* (iron compound in ash form), *AbhrakaBhasma* (mica in ash form), and *TamraBhasma* (copper compounds in ash form) with *bhavana* of *nimba* (*Azadirachta indica* A. Juss) *patraswarasa*. Due to all these ingredients it have *virechak*, *kandughna*, *tridoshashamak*, *deepan*, *pachan*, *kushthaghna* properties. Due to these properties it helps in *tridosha* balance, causes *agnideepan*, *malbhedana*,⁽¹⁴⁾

Likely action mode of Erand Bhrusht Haritaki:

Shodhana is indicated repeatedly in *Kushtha*. *Mruduvirechakdravya* is *Haritaki*. In *Dadru* there is need of *kapha-pitta nirharan* which is done by *Erandbhrushtharitaki*. Also *bhrushtartaki* is *tridoshashamak*.⁽¹³⁾

Likely action mode of *Mahamanjishthadikashay*:-

It contains *Sariva*, *Draksha*, *Khadira*, *Kanchanar*, *Chopachini*, *Manjishtha*, *Amruta*, *Pittapapada*, *Mundi*, *Sharapunkha*, *Indrawaruni*, *Shirish*, *Kirat*, *Deodar*, *Nimb*, *Shatawari* which cumulatively acts as *Ras-RaktaPrasadak*, *Shodhak*.⁽¹⁵⁾

Likely action mode of *Lepa*:-

It includes *Trifala*, *Vidang*, *Haridra*, *Saindhaw* mixed with *Kanji*. All are *lekhan* by property. They remove *kled* from skin and acts on *Dadru* symptoms.

Conclusion:

Although patient is treated with internal and external medicine personal hygiene is

important to relieve symptoms and to avoid relapse. As fungal scrapping is positive it is correlated with *Tinea* or *dermatophytosis*. It spreads by frequent contacts so it is contagious disease.

From this case study inference is that *Shodhana* (*Virechana* by *Erandbhrushtharitaki*), *Shamana* with , *Gandhakrasayan*, *Arogyavardhinivati*, *MahamanjishthadiKashay* and *Trifala*, *Vidanga*, *Haridra*, *Saindhaw* along with *Kanji lepa* does *Bahiparimarjana* of *Doshas*. All these are very helpful in managing of *Dudrukushtha*.

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