

## Ayurvedic Management of *Dadru Kushtha* (Tinea Corporis)- A Single Case Study

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### ABSTRACT:

Skin diseases are the major reason behind social stigma and it can affect the physical, psychological and social wellbeing of the patient. *Dadru* is one of the *Kshudra Kushtha* as per the Charak Samhita and it's been considered under the heading of *Mahakushtha* as per the reference of Sushruta Samhita. *Dadru* shows the features of *Raga*, *Pidaka*, and *Mandala*. It is having predominance of *Kapha- Pitta Dosha*. Though it is highly contagious skin disease as per the reference of *Sushruta Samhita* it can be compared with fungal infections under the heading of *Tinea corporis* which is extremely common dermatophyte infection. In all the *Sambhita Sodhana* has been indicated. A 57year old Female patient came with the complaints of *Raktabha Mandalotpatti* on *Nitambha*, *Hasta Evum Pada Pradeshe* (reddish patches on legs, hands and Gluteal region along with *Kandu* (itching) since last 1 year, she was treated with *Virechan Karma* of *Panchakarma* along with internal medications. Within two weeks all the lesion were subsided and no any itching and burning sensation were observed over the lesion. Detail description and discussion are discussed in the article.

**KEY WORDS:** *Dadru*, *Rasayana Karma*, *Tinea Corporis*, *Virechankarma*.

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### Quick Response Code



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### INTRODUCTION:

Tinea is commonest dermatophytes infection is also known Ring worm largely affecting the population. It can be superficial or deep, later one only affecting the topical climates and in immunocompromised patients, mode of transmission of this is via contaminated soil, animals or by humans (Anthropophilic) infection<sup>[1]</sup>. It has been classified under the

categories by the infected sites, i.e., Tinea Corporis (skin), Tinea Cruris (affecting groins), Tinea Pedis (foot), Tinea Capitis (head). Tinea Corporis is having features of red, scaly, rash. Typically, lesions are erythematous, annular and scaly with well-defined edge and central clearing, lesions are usually asymmetrical, single or multiple<sup>[2]</sup>. Treatment which are prescribed are oral and

topical antifungal agents, along with nonsteroidal anti-inflammatory drugs (NSAIDs) and with steroid in some cases.

*Dadru* is a type of *Kushtha* which has been kept under the category of *Kshudra Kushtha* as per *Charak Samhita* [3]. Astang Hridaya and Acharya Sushruta has categorised it under *Mahakushtha* [1]. clinical features *Dadru* shows are discoloured patches and circular lesions with *Pidika*(ustules) and *Kandu*(Itching). As per Sushruta Samhita it shows appearance like “*Atasi Pushpa*”, which is having spreading nature [5]. Astang Hridaya has enlisted it with the features of deep rooted like *Durva*, circular patch with raised borders and which is *Anushangi* in nature [6]. *Acharya Dalhana* in his commentary of Sushruta Samhita enquotes that *Dadru* is of 2 types, from which *Asita* needs more vigorous measures of the treatment, and it is *Anubandhi* in nature, that’s why *Acharya Sushruta* has categorised it under *MahaKushtha*. The later one *Sita Dadru* which is easily treatable and which doesn’t encroach to deeper skin hence it doesn’t bother much, because of that *Acharya Charaka* has mentioned it as *Kshudra Kushtha* [1]. Though *Dadru* is having *Pitta-Kapha* Dosha dominance, treatment principle should be applied accordingly. *Kushtha* is a condition in which *Bahudoshas* are involved, for that elevated *Doshas* should be eliminated by using different means of *Panchakarma* [8].

## CASE REPORT:

A 57 years old female patient came at O.P.D. No 5(PANCHAKARMA) at Government Akhandanand Ayurveda Hospital on 7<sup>th</sup> June,2023 with below enlisted complaints, She developed *Kandu* (Itching) and *Mandalotpatti* (Circular lesion) along with *Raktabha Twakvairanya* (Reddish discolouration) over *Ubhaya Pada, Hasta Evum Nitambha Pradeshe* since 1year

## History of present illness-

The patient was relatively healthy before 1 year, then she gradually developed the symptoms of circular lesions over both legs, hands and gluteal regions along with itching, reddish discolouration and burning sometimes, initially she took allopathy medicines but didn’t get relief that’s why she came here for further management. Patient had negative past and family history. She was vegetarian in diet but fond of having spicy food along with Irregular bowel habits and constipated bowel. Other vitals were in normal limits. In *Dashavidha Pariksha* all the measures were in normal conditions except *Satmya* and *Abhyavaran shakti* was in *Avara* condition.

## THERAPEUTIC INTERVENTION:

*Dadru Kushtha* is a condition which involves *Bahudosha* vitiation and as per the principles this condition should be subjected to *Shodhana* primarily hence in this case *Virechana* was done as an initial management.

**Table-1: Virechana Karma:**

Date	Karma	Medicine & Time	Dose & Anupana	Remarks
8/6/2023 To 10/06/2023	<i>Dipana</i> and <i>Pachana</i>	<i>Trikatu Churna</i> before meal	3gms with <i>Goghrita</i>	For <i>Virechana Karma</i>
11/06/2023 To 16/06/2023	<i>Sodhanartha Snehapana</i> in <i>Vardhamanakrama</i>	<i>Panchtikta Ghrita</i> in early morning at Empty stomach	11/06-30ml 12/06-60ml 13/06-90ml 14/06-110ml	After <i>Virechana</i> Moderate Relief in

			15/06-140ml 16/06-170ml with <i>Ushnodaka</i>	<i>Kandu</i> and <i>Daba</i> was observed
17/06/2023 To 20/06/2023	<i>Abhyanga</i> and <i>Swedana</i>	<i>Abhyanga</i> with <i>Nirgundi Taila</i> and <i>Nadi Swedana</i> at morning	For 30minutes	
20/06/2023	<i>Virechan karma</i> <i>Vega-20</i>	<i>Trivrutta Churna</i> <i>Triphala Kwatha</i> <i>Aragwadha Phalamajja</i> <i>Phant</i>	<i>Trivrutta churna</i> - 7gms <i>Triphala kwatha</i> - 150ml <i>Aragwadha phala</i> <i>majja phant</i> -100ml (1:6 proportion of Drug and Water)	
20/06/2023 to 25/06/2023	<i>Samsarjana krama</i> As of <i>Madhyama</i> <i>Shuddhi</i>	<i>Peyadi Krama</i>		

**Table-2: *Shamana Aushadhi***

After *Virechana Karma* patient was Subjected to *Shamana Aushadhi* enlisted below.

Date	Aushadhis & Time	Dosages & Anupana	Remarks
1 <sup>st</sup> follow up 27/06/2023 To 11/07/2023	1) <i>Kaishor Guggulu</i> After Meal	2 TDS with <i>Ushnodaka</i>	After 15 days Lesions over Upper & lower extremities, Gluteal regions were subsided and No any Itching and burning sensation over the regions.
	2) <i>Gandhak Rasayan</i> after meal	2 TDS with <i>Ushnodaka</i>	
	3) <i>Dhatrinisha</i> <i>Guduchi</i> <i>Kalmegha</i> <i>Vasa</i> Each of them 2gms after meal	½ tsp 2times a day with <i>Ushnodaka</i>	
	4) <i>Manjisthadi Kwatha</i> before meal	40ml BD Before meal at empty Stomach	
	5) <i>Triphala</i> tablet at Night	2 HS with <i>Ushnodaka</i>	
	6) <i>Panchtikta Ghrta</i> ( <i>Shamanartha Sneha</i> ) at early morning at empty stomach	20ml in morning at empty stomach with <i>Ushnodaka</i>	



**Figure-1: Before Treatment on 10/06/2023**



**Figure-2: After Completion of Treatment 25/07/2023**

### DISCUSSION:

As per the Charak Samhita, *Kushtha* which are having two *Dosha* involved needs vigorous kind of treatment. Here in this patient severe itching and severe *Daba* were observed it may be due to *Kapha* and *Pitta Dosha* vitiation, as these *Dosha* are causative for manifestation of *Dadru*. Considering severity of *Dosha* and patient's condition patient was directly administered to *Virechana* type *Shodhana* treatment [ as mention in Table.1]. As elimination of vitiated *Pitta* and *Kapha Dosha* by *Virechana* there were moderate relief was observed in *Daba* and *Kandu*.

Astang Hridaya states that usage of *Rasayana Karma* should be applied after *Sodhana Karma* <sup>[9]</sup>, *Ghruta* which possess the qualities like *Agni Dipana*, *Koshtha Shuddhi*, enhances production of proper *Dhatu*s and bestows *Bala*, *Varna* qualities in the body <sup>[10]</sup>. Because of these qualities *Snehapana* with *Panchatikta Ghrut* <sup>[11]</sup> was advised. *Panchatikta Dravyas* which mainly acts on *Kapha-Pitta Doshas*, along with that *Tikta Rasa* is indicated for *Kushtha*, so with these modes of activity *Shaman Sneh*a was advised, it acts on disease directly and gives *Rasayana* effect as well.

*Shamana Aushadhi* were administered as shown in Table.2 from which *Kaishor Guggulu*

<sup>[12]</sup>-- it is a *Guggulu Kalpana* which is mainly having contents of *Tikta Rasa* in predominance along with *Dravyas* which are majorly affecting *Tridosha* and this formulation is not bound to hard regimens that's why it is in a common use. *Gandhak Rasayan* <sup>[13]</sup> is said to be best for *Dadru Kushtha*, along with specifically acting on *Kapha-Pitta Rogas*. In *Shamana Yoga* all the 4 *Churnas* in this combination which are possessing dominant action on *Kapha-Pitta Dosha*, majority of *Dravyas* which are of *Tikta Rasa Pradhan*, *Tikta Rasa* which have *Shoshana Guna* and in *Dadru Kleda* is majorly present. *Tikta Rasa* shows the action of *Kleda Shoshan*. *Mahamanjisthadi Kvatha* <sup>[14]</sup> contains majority of *Dravyas* which are dominantly containing *Tikta, Katu Rasa*, mainly acting on *Kapha-Pitta Doshas*, it's effectivity has been called as best for the *Twak Rogas*, it can cure it instantly and can cure 18 types of *Kushtha* also, it has been considered as foremost formulation for *Raktaja* disorder. *Triphala tablet* <sup>[15]</sup>- it has been mentioned under *Virechana Gana* in *Kushtha Chikitsa*, along with that it is best for *Kapha-Pitta Vikaras* and dominantly working on *Kushtha Roga*.

### CONCLUSION:

It concluded that as in this case after *Shodhana Karma*, administration of *Rasayana Karma* which enhanced the functionality of *Dhatus*, that's why patient maintained the health even after the completion of *Shamana Treatment*.

**Patients consent:**

The informed written consent has been taken from patient during enrolment for treatment and publication of the data without disclose the identity of patient.

**Limitation of study:**

This is only one case study, the result and output of *Shodhana Karma* are depended on Various factors like *Prakruti*, *Koshtha* and other factors which play a role in disease and *Shodhana Karma*. So these variables may be nutrilize in large case study, so large number of patient study required based on this protocol

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