

## REVITALIZING SKIN HARMONY: THE TRANSFORMATIVE ROLE OF PANCHAKARMA IN MANAGING TINEA CORPORIS – A COMPELLING CASE STUDY

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### ABSTRACT

**Purpose:** This case study endeavors to investigate an treatment approach for managing complex Tinea corporis given the potential risks associated with severe itching and circular lesions which spreads all over the body rapidly, This research seeks to provide valuable insights into a holistic and less invasive therapeutic strategy for this severe ailment. **Methodology:** A 25-year-old male patient with circular lesions over the hands and neck region associated with severe itching was selected for the study. The patient initially underwent shodhana therapy with Virechana karma, followed by oral medication on discharge. This therapeutic approach consisted deepana, pachana, snehana, swedana, virechana, samsarjan karma and oral medications. The patient's ongoing progress was continuously monitored. **Findings:** The initially after the Virechana karma patient got the significant relief from itching and lesion decreased in size, after following the oral medication for one week patient achieved complete healing during the

treatment course. The circular lesions completely faded within 7 days. **Conclusion:** This case study provides compelling evidence of the efficacy of Virechana karma with oral medication in treating Tinea corporis, underscoring its role as a minimally invasive and low-risk, less chances of reoccurrence. **Contribution:** This study offers valuable insights into the effect of shodhana karma followed by shamana karma, It emphasizes the potential of traditional therapies within contemporary healthcare, presenting an alternative approach that places patient well-being and expedient recovery at its core.

## INTRODUCTION

Tinea corporis is a superficial fungal skin infection of the body caused by dermatophytes. It is defined explicitly by the location of the lesions that may involve the trunk, neck, arms, and legs. Alternative names exist for dermatophyte infections that affect the other areas of the body includes scalp (tinea capitis), the face (tinea faciei), hands (tinea manuum), the groin (tinea cruris), and feet (tinea pedis). In ayurveda Tinea corporis is correlated with Dadru Mandal (Ksudra kusta). Dermatophytes are the most prevalent agents of superficial fungal infections. Excessive heat, high relative humidity, and fitted clothing have correlations to more severe and frequent disease. Infections, Zoophilic infections get transmitted via contact with animals such as cats and dogs. The immunocompromised patients also have an increased prevalence in developing Majocchi granuloma, a type of tinea corporis folliculitis that invades the deep dermal layers in contrast to the more superficial traditional tinea corporis.

## PERSONAL INFORMATION

Name – XYZ

Age – 25 year

Sex – Male

Occupation – Software Engine

Food habits – Mixed food

Married status – Unmarried

## CASE HISTORY

A male patient aged 25 year old was apparently healthy 2 months back then he gradually developed dry reddish lesions on the arm neck trunk of the body since last 2 months patient had earlier visited dermatologist and was advised fluconazole 150 mg once in three days for 3 weeks after taking for 2 weeks he didn't get any relief and itching was more, so for which patient visited to our hospital on IPD basis no family history was known for the same.

Apart from this patient also complained of generalised weakness

Not a known case of hypertension, Diabetes Mellitus, and any other systemic disease.

## METHODOLOGY

After clinical diagnosis patient posted for Virechana Karma which includes Deepana, Pachana, Snehana, Abhayanga and Virechana, followed by Samsrjana Karma.

Shamana aushadhis were prescribed for 15 Days.

Deepana was done with chitrakadi vati 2 TID and for pachana Avipatiakara Choorna(5 gms) BD was given for 1 days.

From 2<sup>nd</sup> day Snehapana was Started with hasihasi matra with tiktakaghruta.

Day 1- 50 ml

Day 2 -90 ml

Day 3 -180 ml

Day 4- 250 ml

From day 6 Abhyanga was done with karanja taila followed by aragwadhadi patra and Karanja Patra parisheka for 4 days.

Virechana was given with **Trivrut lehya** 100 grams orally followed by usnajala pana.

Patient had 20 vegas.

After the virechana karma, Samsarjana karma was adviced to follow for 7 days

Oral medications include

Gandhaka rasayana 2 TId

Mahamanjistadi kashaya 15 ml TID with luke warm water before food was prescribed for 15 days and follow up was done after 15<sup>th</sup> day.

## RESULT



**BEFORE**



**AFTER**

- ▶ After starting the Snehapana gradual decrease in itching was seen from the 1<sup>st</sup> day.
- ▶ After the virechana karma patient got the significant relief in the complaints of itching and the lesion size decreased significantly.
- ▶ Patient was feeling laghuta in the body, was feeling more energetic, then before.
- ▶ Jatraagni of the patient increased after the Virechana karma.

SYMPTOMS	DAY 0	DAY 5	DAY 9	DAY 16
KANDU	6	2	0	0
UTSANNA MANDALA	4	2	0	0
PIDIKA	4	2	0	0
RAAGA	5	3	1	0

## DISCUSSION

**Clinical Examination:** The diagnosis of tinea corporis is most often clinical, especially if the lesion is typical. A well-demarcated, sharply circumscribed, erythematous, annular, scaly plaque with a raised leading edge, and scaling and central clearing on the body is characteristic.

- ▶ **Diagnostic Tests:** the diagnosis can be confirmed by microscopic examination of potassium hydroxide (KOH) wet-mount preparations of skin scrapings from the active border of the lesion.
- ▶ **Differential Diagnosis:** The differential diagnosis is broad and includes pityriasis rosea, tinea versicolor, nummular eczema, plaque psoriasis, atopic dermatitis, contact dermatitis, seborrheic dermatitis, localized granuloma annulare, fixed drug eruption, subacute cutaneous lupus erythematosus, urticaria, pityriasis lichenoides chronica, lichen planus, erythema migrans, erythema multiforme, impetigo contagiosum, erythema gyratum repens, and secondary syphilis.
- ▶ In ayurveda vyadhi vichedana includes Dadru mandala, Mandala kushta, Ekkusta, Pama, Alasaka.
- ▶ **Educational Component:** Educating the patient about the disease, its mode of spread, maintaining proper hygienic condition plays an important role in prevention from spreading to other.
- ▶ **Treatment Approach:** All Kushta are Tridoshaj. But according to Acharya Charak and Vagbhata, Dadru is Pitta-Kapha dominance and according to Acharya Sushruta it is Kaphapradhan. There is involvement of Rasa and Rakta in the samprapti. In Samhita repeated Shodhana and Shamana drugs having Kushtaghna, Krumighna and Kandughna properties are described for Kushta.

## CONCLUSION

- ▶ In conclusion, Dadru kushta is a type of Kshudrakushta according to Acharya Charak & Mahakushta according to Acharya Sushruta and Acharya Vagbhata. the presented case of tinea corporis highlights the common yet impactful nature of fungal skin infections.

- ▶ The patient's history, clinical presentation, and diagnostic findings underscore the typical characteristics of this condition—red, scaly, circular lesions causing discomfort and itching.
- ▶ The treatment approach, consisting of Deepana, pachana, snehana, virechana karma, oral shamana aushadhis proved effective in managing the infection, leading to a resolution of symptoms.
- ▶ However, this case also emphasizes the importance of patient compliance and follow-up care to prevent recurrence or complications.
- ▶ Moreover, the case study underscores the significance of patient education regarding proper hygiene practices, avoidance of sharing personal items, and completing the prescribed treatment regimen to minimize the risk of reinfection and spread.
- ▶ Ultimately, understanding the clinical manifestations, appropriate diagnostic methods, and tailored treatment strategies are pivotal in addressing tinea corporis effectively.
- ▶ This case serves as a reminder for healthcare providers to remain vigilant about fungal skin infections and emphasizes the need for holistic patient care, education, and preventive measures in managing such dermatological conditions.