

MANAGEMENT OF *DADRU KUSHTHA* (TINEA CRURIS) THROUGH *AYURVEDA*– A CASE STUDY

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ABSTRACT

Introduction: Skin is a largest organ of human body. Good health depends upon healthy body, mind and spirit. So it is important to pay attention to our largest body part i.e. our skin. Size and external location makes it susceptible to various disorders. In current era, incidence of skin diseases is also a big problem specially in developing countries like India. *Ayurveda* explained all the skin diseases under a broad heading called '*Kushtha*' which is further classified in two main types *Mahakushtha* and *Kshudrakushtha*. *Dadru* is one among them. *Dadru* is explained as *Kshudrakushtha* by *Aacharya Charaka*. whereas *Acharya Sushrut* and *Acharya Vagbhat* explained it under *Mahakushtha*. The main *lakshanas* of *Dadru* include *Kandu* (Itching), *Utsanna* (elevated circular lesions), *Mandala* (Circular Patches),

Raaga (Erythema), and *Pidakas* (Papule). The *samprapti* of *Dadru* mainly involves vitiation of *Pitta-kapha doshas* and *dushti* of *rasavaha* and *raktavaha strotas*. Due to similar characteristics *Dadru* can be correlated to *Tinea/ Fungal Infections*. In modern medical science, it is managed with topical and systemic antifungal agents and use of corticosteroids. In *Ayurveda Shodhan*, *Shaman* and *Bahirparimarjan* (topical) *Chikitsa* is indicated for *Dadru*. The present work has been undertaken to evaluate the effect of *Ayurvedic management* in *Dadru chikitsa*. **Aim:** To evaluate the effect of *Ayurvedic management* in *Dadru chikitsa*. **Objectives:** 1.To analyse the effect of *Ayurvedic management* of *Dadru*. 2.

To collect the information regarding etiopathogenesis and treatment of *Dadru* through both *Ayurvedic* and modern perspective. **Materials and Methods:** A 30 yr old female patient came to Skin OPD, Government Ayurvedic College & Hospital, Nagpur with chief complaints of Reddish Black coloured Patchy ring like discoloration along with Itching and Scaling covered major portion of buttocks since 3 years but the symptoms elevated in last 1 month. The patient was treated with Ayurvedic chikitsa. Information regarding *Dadru* and its *chikitsa* is collected from Reference books, *Samhitas*, Research papers, etc. **Discussion:** *Acharya Charaka* and *Vagbhata* explained that *Dadru* is *Pitta- Kaphapradhan Vyadhi* and According to *Acharya Sushrut* *Dadru* is *Kaphapradhan vyadhi*. *Rasa* and *Rakta* are the main *dhatu*s involved in the *samprapti*. *Shodhana*, *shaman* and *Bahirparimarjana chikitsa* I.e. *lepa chikitsa* is used for the treatment of *Dadru*. **Conclusion:** *Ayurvedic Chikitsa Upkramas* explained by our *Acharyas* like *Shodhana (Nity mrudu virechan)*, *Shaman* (by using Formulations like *Arogyavardhini Vati*, *Gandhak Rasayan*, *RasaRaktapachak Kwath*) and *Bahiparimarjana* (External application of *Aargvadh Chakramard Takralepa*) are very effective in management of *Dadru*. *Kushtha* will be proved which will be documented for further case studies.

KEYWORDS: *Dadru*, *Tinea cruris*, *Shaman Chikitsa*.

INTRODUCTION

Skin is a largest organ of human body. Good health depends upon healthy body, mind and spirit. So it is important to pay attention to our largest body part i.e. our skin.^[1] Size and external location makes it susceptible to various disorders. In current era, incidence of skin diseases is also a big problem specially in developing countries like India.^[2] *Ayurveda* explained all the skin diseases under a broad heading called '*Kushtha*' which is further classified in two main types *Mahakushtha* and *Kshudrakushtha*. *Dadru* is one among them.^[3] *Dadru* is explained as *Kshudrakushtha* by *Acharya Charaka*.^[4] whereas *Acharya Sushrut* and *Acharya Vagbhat* explained it under *Mahakushtha*.^{[5][6]} *Vishamashana* (Incompatible food), *vega vidharana* (suppression of natural urges), *diwaswapa* (daytime sleeping), intake of *atilavana*, *atitikshnaahar* (excessive salty or spicy food), intake of contaminated food, drinking cold water just after physical work or *atapsevana* (exposure to sunlight) are causative factors of *Kushta*.^[7] The main *lakshanas* of *Dadru* include *Kandu* (Itching), *Utsanna* (elevated circular lesions), *Mandala* (Circular Patches), *Raaga* (Erythema), and *Pidakas* (Papule). The *samprapti* of *Dadru* mainly involves vitiation of *Pitta-kapha doshas*

and *dushti* of *rasavaha* and *raktavaha strotas*.^[8] Due to similar characteristics Dadru can be correlated to Tinea/ Fungal Infections. 5 out of 1000 people are suffering from Tinea infections.^[9] 'Tinea Cruris' also known as 'Jock Itch' is Fungal infection in groin, perineal and peri-anal area. It can present unilaterally or bilaterally with a red, raised and active border. *Trichophyton rubrum* and *Epidermophyton floccosum* are the most common organisms causing 'Tinea cruris'.^[10] Climate in India is conducive to the acquisition and maintenance of mycotic infections. Dermatophyte infection is more common in adults aged between 16-45 years.^[11] In 'Tinea cruris' scalings variable and vesiculation is rare. It usually occurs in adults wearing clothes made up of synthetic material which tend to accumulate heat and humidity in the skin.^[12] In modern medical science, it is managed with topical and systemic antifungal agents and use of corticosteroids. In *Ayurveda Shodhan, Shaman* and *Bahirparimarjan* (topical) *Chikitsa* is indicated for *Dadru*.^[13,14] All these treatment modalities are used in this case study. For *shodhana nitya virechana* with *Avipattikar Choorna* was given. In *Shamana chikitsa* formulations like *Arogavardhini vati* and *Gandhaka Rasayana* and *RasaRaktapachak Kwath* having *Kushtaghna, Krumighna* and *Kandughna* properties were used. *Bahirparimarjana chikitsa* was given in the form of *lepa* of *Aargwadhpatra Choorna* and *Chakramard Beej choorna* mixed with *Amla Takra*.

CASE REPORT

A 30 yr old female patient came to Skin OPD, Government Ayurvedic College & Hospital, Nagpur with chief complaints of Reddish Black coloured Patchy ring like discoloration along with Itching and Scaling covered major portion of buttocks since 3 years but the symptoms elevated in last 1 month.

History of present Illness

Patient was suffering from above complaints since last 3 years, she had taken allopathic treatment, later symptoms were reduced temporarily but after discontinuing medicines, recurrence occurred. The above complaints were more raised in last one month so she came to Govt. Ayurved College, for further treatment.

History of Past Illness

No any other systemic disease history found.

Family History

No family history found regarding any skin diseases.

Menstrual History

Patient was having regular menstrual cycle with interval of 30 days.

Ashtavidh Parikshan

Nadi- 78/ min, Madhyam, Pittavat

Mala- Malavashthambha

Mutra- Prakrut

Jivha- Alpa Saam

Shabd- Spasht

Sparsh- Anushna sheeta

Druk- Spasht

Aakruti- Madhyam

Kshudha- Prakrut

Nidra- Prakrut

Clinical Examination

BP- 130/80mmof Hg, All vitals were stable.

Locally, Reddish Black coloured circular patch with whitish coloured scaling was observed.

The patch was well demarcated from normal skin. No any sign of discharge seen locally.

Diagnosis: From the above history and clinical examination patent was diagnosed as Dadru (Tinea Cruris).

Investigations: RBS was within normal limits and patient reacted negative for HIV.

MATERIALS AND METHODS

Table No.1: showing treatment plan with follow up.

Date	Treatment
24-01-2020	1) <i>Arogyavardhini Vati</i> 2tab BD before meal. 2) <i>Gandhak Rasayana</i> 2 BD After meal. 3) <i>Avipattikar choorna</i> 5gm at bed time with lukewarm water 4) <i>RasaRaktapachak Kashay</i> 20ml BD empty stomach 5) <i>Aargvadh patra choorna and ChakramardBeeja choorna</i> Mixed with <i>Amla Takra</i> for local application.
07-02-2020	1) <i>Arogyavardhini Vati</i> 2tab BD before meal. 2) <i>Gandhak Rasayana</i> 2 BD After meal. 3) <i>Avipattikar choorna</i> 5gm at bed time with lukewarm water 4) <i>RasaRaktapachak Kashay</i> 20ml BD empty stomach 5) <i>Aargvadh patra choorna and ChakramardBeeja choorna</i> Mixed with <i>Amla</i>

	<i>Takra</i> for local application.
20-02-2020	1) <i>Avipattikar Choorna</i> 5gm at bed time with lukewarm water

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 *Pidika* (Eruption) and photographs of lesion before, during and after treatment.

Table No. 2: Gradation of parameters.

Symptoms/ Grade	Grade 0	Grade1	Grade 2	Grade 3
<i>Kandu</i> (Itching)	Absent	Mild or occasional Itching	Moderate or frequent itching	Severe Itching
<i>Utsanna Mandala</i> (Elevated circular lesion)	Absent	Mild elevated lesion	Moderate elevated lesion	Severe elevated lesion
<i>Raaga</i> (Erythema)	Absent	Present		
<i>Twakvavivarnya</i> (Discoloration)	Absent	Mild	Moderate	Severe

OBSERVATIONS AND RESULTS

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

Symptoms	On day 0	1 st Follow up (on day 15)	2 nd Follow up (on Day 30)
<i>Kandu</i> (Itching)	3	1	0
<i>Utsanna Mandala</i> (Elevated circular lesion)	3	2	0
<i>Raaga</i> (Erythema)	1	1	0
<i>Twakvavivarnya</i> (Discoloration)	3	2	1

Before treatment Gradation of *Kandu* was 3 (severe itching) which was reduced to 1 (Mild Itching) in first follow up and it was absent i.e. 0 Grade after 30 days of treatment i.e. second follow up.

Before treatment *Utsanna Mandal* (Elevated circular skin lesion) was 3 (severe elevated lesion) which was reduced to 2 (Moderate elevated lesion) in first follow up and it was completely absent 0 Grade after 30 days of treatment.

Before treatment *Raaga* (Erythema) was present that persists during first followup and it was absent after 30 days.

Before treatment *Twakvaivarnya* (Blackish colored severe discoloration) was observed Grade 3 which was reduced to Grade 2 (Moderate discoloration) in first followup and then gradually reduced to Grade 1 (mild discoloration) in 2nd followup.

Thus complete improvement was observed in all parameters after completion of treatment. Same can be seen in photographs taken before, during and after the treatment.

Before Treatment



Figure- 1-on day 0



1st Follow up: Figure-2- on day 15

2nd Follow up: Figure-3- on day 30.

DISCUSSION

All the *Kushthas* are explained as *tridoshaj* (*Vata*, *Pitta*, *Kapha*) in our *Granthas*. But *Acharya Charaka* and *Vagbhata* explained that *Dadru* is *Pitta- Kaphapradhan Vyadhi* and According to *Acharya Sushrut* *Dadru* is *Kaphapradhan vyadhi*. *Rasa* and *Rakta* are the main *dhatus* involved in the *samprapti*. In *Samhita* repeated *Shodhana* and *Shamana* drugs having *Kushtaghna*, *Krumighna* and *Kandughna* properties are described for *Kushta*. Along with this, for better result, *Bahiparimarjana Chikitsa* (local application of drugs) in the form of

lepa is also mentioned. In present case study the patient was treated with internally *Arogyavardhini Vati*, *Gandhak Rasayan*, *RasaRaktapachak Kwath*, *Avipattikar choorna* with external application of *Aargvadh patra* and *Chakramard beej choorna lepa* mixed with *Amla takra* for 30 days. Following are given the details of the prescribed treatment along with their ingredients and therapeutic action.

Table No. 4: Ingredient and Action of the medications used during treatment.

Medication	Ingredients	Action
<i>Aarogyavardhini Vati</i>^[13]	<i>Kutaki, Haritaki, Bibhitak, Aamalaki, Shu, chitrakmula, Shilajatu, Shu, Guggul, Shu, Parad, Shu. Gandhak.Lauha Bhasma, Abhrak bhasma, Tamra bhasma, with Bhavana of Nimb patra Swaras.</i>	<i>Pitta virechan, Tridoshshamak, Deepana, pachana, kushthaghna, and Kandughna properties</i>
<i>Gandhak Rasayan</i>^[14]	<i>Shudha Gandhak Bhavandravyas (Cow milk Bhrinngraj, Dalchini, Tamalpatra, Nagkeshar, Haritaki, Sunthi, Bibhitak Amla)</i>	<i>Agnidipak, Saptadhatu vardhak, Visheshatah Raktavardhak, Raktashodhak, Kandughna, Rasayana, Pushitkara.</i>
<i>RasaRaktapachak Kashay</i>	<i>Indrayava, Patol, Kutaki, Sariva, Musta, Patha.</i>	<i>Rasagat aampachak, Raktaprasadak, Raktashodhak</i>
<i>Avipattikara Choorna</i>	<i>Shunthi, Maricha, Pippali, Haritaki, Bibhitaka, Aamalaki, Musta, Vida Lavana, Vidanga, Ela, Patra, Lavanga, Trivritta, Sharkara</i>	<i>Deepana, Pachana, Mrudu Virechana</i>
<i>Aargvadh Chakramard Takralepa</i>	<i>Aargvadhpatra choorna, Chakramard beej choorna and Amlatakra</i>	<i>Krumighna, Kushthaghna, Kandunashak, Twakvaivarnyahara</i>

CONCLUSION

Dadru Kushtha is a type of *Kshdrakushtha* according to *Acharya Charaka* and *Mahakushtha* according to *Acharya Sushrut* and *Acharya Vagbhata*. It can be correlated with *Tinea cruris* or *Dermatophytosis*, as the site and other symptoms resembles. It is *Aupasargika roga* i.e. contagious disease so Personal hygiene is also very important as a part of treatment also for prevention of spreading of the disease. From the above case study it can be concluded that the *Ayurvedic Chikitsa Upkramas* explained by our *Acharyas* like *Shodhana* (*Nity mrudu virechan*), *Shaman* (by using Formulations like *Arogyavardhini Vati*, *Gandhak Rasayan*, *RasaRaktapachak Kwath*) and *Bahiparimarjana* (External application of *Aargvadh Chakramard Takralepa*) are very effective in management of *Dadru Kushtha*.

REFERENCES

1. Dr. Dhalpe Suchita Jayant and Dr. Vivek S. Chandurkar, Role of Jalaukavacharan and Mahamanjishthadi Kwath in the Management of Mukhadushika with special reference to Acne vulgaris- A case study, International Journal of Research- Granthalaya, 6(8): 25-32.
2. Ronald Marks, Roxburgh's Common Skin Diseases, 16th Edition, ELBS with Chapman & Hall, London, 1993; Chapter-1: 1.
3. Sharma PV, Charaka Samhita of Agnivesha with English Translation, 1st Edition- Reprint, Chaukhambha Orientalia, Varanasi, 2008; 2: 183.
4. Sharma PV, Charaka Samhita of Agnivesha with English Translation, 1st Edition- Reprint, Chaukhambha Orientalia, Varanasi, 2008; 2: 184.
5. Jadavaji Trikamji, Choukambha Orientalia, Sushruta Samhita (Commentary of Dalhanacharya) and the Nyaya Chandrika, Varanasi. 5th edition, 2005; 37.
6. Desai Ranajitaraya, AshtangaSangraha of Sarvanga Sundari Vyakhyaya Samhita Sutrasthana- Prathama Bhaga, Shri. Baidyanath Ayurveda Bhavana, pvt. Ltd Nagpur, 3rd edition, 1986; 137.
7. Tripathi Ravidatta and Shukla Vidyadhar – 'Charaksamhita' Vol. 2 - Chikitsasthana 'Kushtha chikitsitam Adhyaya' 7/4-8 – Edition Chaukhamba Sanskrit Pratisthan, Delhi, 2013; 181.
8. Shukla Vidyadhar and Ravi Dutt Tripathi Charak Samhita of Agnivesha revised by Charaka Redacted By Drudbala with vaidya manorama' hindi commentary, Chaukhamba Sanskrit pratishthan, Delhi reprint-chapter- 7 chikitsasthan shloka, 2011; 29-30: 185.
9. Sharma Usha, Tinea infections, unwanted guests, 2010; [Express Pharma]; 1.
10. El Gohary M, Van Zuuren EJ, Fedorowicz Z, Burgess H, Doney L & Stuart B et al. Topical antifungal treatments for tinea cruris and tinea corporis. The Cochrane Library, 2014; 8: 7-9.
11. Singh S, Beena PM. Profile of dermatophyte infections in Baroda. Indian J Dermatol Venereol Leprol, 2003; 69(4): 281.
12. Ramji Gupta. Textbook of Dermatology. 11th chapter – Fungal infections – Tinea cruris. First edition. New Delhi: Jaypee brothers, 2002; 67-72. ISBN: 81-8061-034-9.
13. Aushadhi Gundharma shatra by Vd. G. P. Gune, reprint, 2005; 2: 10: 208.
14. Rasatantrasara va sidhaprayog sangraha by krushna Gopal Bhawan, pratham khanda, kharaliya rasayan, 225, 226.