

MANAGEMENT OF *DADRU KUSHTHA* UTILIZING INTEGRATED INTERNAL AND EXTERNAL AYURVEDIC INTERVENTIONS: A CASE STUDY

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ABSTRACT

In ayurveda, *Dadru Kushtha* is a *Tvaka Vikara* (skin disorder) described by different acharyas. *Acharya Charaka* mentioned it under *Ksudra Kushtha* and *Acharya Sushrut* in *Maha Kushtha*. It is a *tridoshaj vyadhi* dominated by *Pitta* and *Kapha dosha*. The clinical features of *Dadru Kushtha* are characterized by *Kandu* (itching), *Raga* (redness), *Daha* (burning sensation), *utsanna mandal* (elevation of skin surface in circular manner).

Methods- A 20-year old female patient suffering from *Dadru kushtha*, came to OPD of IAS&R Hospital with chief complaints of red elevated patches over inguinal region, thighs and buttocks with severe itching, redness and burning sensation since 8 months. She was treated with the *Shaman chikitsa* with *Arogyavardhini vati*, *Krimimudgar rasa*, *Panchnimba churna*, *Giloy churna*, *Sudha gandhak*, *Haridra khand*, *Khadirarishtha* and for external use *Edgajadi lepa* and *Mahamarichyadi tail* was given. The total duration of treatment is 42 days and follow

up for 15 days. **Result-** After a 42 days of treatment course, there is significant improvement was observed and complete remission of symptoms like *kandu*, *raga*, *daha*, and *utsanna*

mandala. A follow-up after 15 days later revealed no recurrence of *dadru kushtha* and confirms full recovery. Hence, this Ayurvedic treatment regimen is effective in balancing the vitiated doshas and helps in the successful remission of *dadru kushtha*.

KEYWORDS: *Dadru kushtha*, *sanshaman chikitsa*, *tinea*, Ayurvedic treatment.

INTRODUCTION

Dadru, classified among the most prevalent *Twak Vikara* (skin disorders) across all demographics, continues to pose a significant therapeutic challenge within diverse medical frameworks. In recent years, there has been a notable surge in the prevalence of these dermatological conditions, particularly across tropical and developing regions such as India. Clinically, these manifestations align with *Tinea*, superficial fungal infections primarily driven by three fungal species. These infections are categorized based on their anatomical localization: *Tinea corporis* (trunk and limbs), *Tinea cruris* (groin), *Tinea capitis* (scalp), *Tinea barbae* (beard), *Tinea unguium* (nails), and *Tinea pedis* (feet). Often referred to as dermatophytosis or "ringworm," they are characterized by their pathognomonic erythematous, ring-shaped lesions.

In the Ayurvedic paradigm, these fungal pathologies are identified as *Dadru* due to their symptomatic congruence with the classical descriptions. The pathogenesis of *Dadru* is primarily rooted in the vitiation of *Kapha* and *Pitta Doshas*, which manifest in the skin.^[1] These morbid factors penetrate the deeper *Dhatus*, specifically involving *Rasa* (nutrient plasma), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymph/interstitial fluid).^[2] This deep-seated contamination, fuelled by the aggravation of *Kapha* and *Pitta*, results in the characteristic lesions. While *Vata* is invariably involved in the progression of any chronic skin condition, rendering it a *Tridoshaja*,^[3] the clinical dominance remains firmly rooted in the disharmony of *Kapha* and *Pitta*.

Review of Literature

Ayurveda is a traditional medical science where the broad category of "*Kushtha*" encompasses all skin conditions, further divided into *Mahakushtha* and *Kshudra Kushtha*.^[4]

तत्र सप्त महाकुष्ठानि, एकादश क्षुद्रकुष्ठानि, एवमष्टादश कुष्ठानि भवन्ति । सु. ति. 5/5

वातादयस्त्रयो दुष्टास्त्वग्रक्तं मांसमम्बु च । दूषयन्ति स कुष्ठानां सप्तको द्रव्यसङ्ग्रहः ॥ ९ ॥

अतः कुष्ठानि जायन्ते सप्त चैकादशैव च । च. चि. 6/9-10

The development of these diseases involves seven essential factors: three vitiated *Doshas* and four *Dushyas*, which manifest on the skin once the *Doshas* impact the tissues.^[5] *Dadru* is a specific variant of *Kushtha*, categorized by *Acharya Charak* as a *Kshudra Kushtha*,^[6] while *Acharya Vagbhata*^[7] and *Acharya Sushruta* identify it as a *Mahakushtha*.^[8] Etymologically, *Monier William's Dictionary* describes *Dadru* as a "cutaneous eruption" or "rash" resembling a tortoise shell^[9], a comparison mirrored in the *Shabdakosh* which defines it as "*Kacchhapa*." In terms of constitutional dominance, *Dadru* is primarily a *Kaphapitta Pradhan* disorder.^[10]

सकण्डूरागपिडकं दद्रुमण्डलमुद्गतम्॥ (Ch. Chi. 6/23)

अतसीपुष्पवर्णानि ताम्राणि वा विसर्पीणि पिडकावन्ति च दद्रुकुष्ठानि॥ (Su. Ni. 5/8)

According to *Acharya Charak*, the condition presents with sensations of itching, redness, eruptions, and circular patches featuring elevated edges.^[11] *Acharya Sushrut* adds that these spreading eruptions often resemble the color of an *atasi* flower or copper.^[12]

***Nidana* (etiological factors)**

The pathogenesis is attributed to the habitual consumption of dietetically incompatible food and beverage combinations. Diets predominantly comprising unctuous and heavy-to-digest substances predispose the system to dysfunction. Excessive intake of saline or acidic preparations, along with frequent consumption of black gram, radish-derived formulations, sesame (*Tila*), milk (*Dugdha*), and jaggery (*Guda*), are recognized as significant dietary risk factors.

Behavioral contributors include the willful suppression of natural urges such as defecation and micturition. Physical exertion or prolonged heat exposure immediately following a heavy meal similarly disturbs physiological equilibrium. Irregular dietary patterns like encompassing alternating cold and hot food intake, prolonged fasting, or excessive consumption can further compound etiological burden. Abrupt ingestion of cold water following states of heat, physical fatigue, or psychological stress (such as fear) constitutes an additional precipitating factor.

Other triggers include physical exertion or heat exposure immediately after eating, erratic eating patterns, and the excessive use of new grains, curd, or fish. It can also result from improper post-*Panchakarma* care or sudden temperature shifts, such as bathing in cold water after being in a hot environment. The premonitory symptoms, or *Poorvaroopa*, of *Kushtha* include a loss of touch sensation, abnormal sweating (excessive or absent), skin discoloration,

itching, and pricking pain. Patients may also experience localized numbness, burning sensations, general exhaustion, and a noticeable delay in the healing of skin wounds.^[13]

MATERIALS AND METHODS

Patient for the study was selected in O.P.D. no 55, IAS&R Hospital, Shri Krishna Ayush University, Kurukshetra, Haryana. On the basis of sign and symptoms related to *dadru* as mentioned in text, the selection was carried out. The case report with treatment is mentioned below-

CASE REPORT

A 20-year old female patient came to OPD of IAS&R Hospital with chief complaints of red elevated patches over inguinal region, thighs and buttocks with severe itching, redness and burning sensation since 8 months.

History of present illness- Before 8 months, patient was apparently healthy. Gradually, itching, burning sensation and multiple elevated patches developed in inguinal region and thighs. She had taken allopathic treatment from various doctors, got some temporary relief for some time. But symptoms reoccurs. She came to IAS&R Hospital for better treatment for the same.

History of past illness- Not any history of Diabetes mellitus, hypertension, etc.

Family history- Mother, father and husband are healthy and alive. No one in the family have skin disorder.

PERSONAL HISTORY

Diet- Vegetarian

Bowel- Regular

Appetite- Normal

Sleep- Variable

Allergy- Not any

Addiction- Not any

General Examination

B.P. – 120/78 mm of Hg

Pulse- 78 beats/min.

Temperature- 98.8 F

Prakruti- Kaphaja-Pittaj

Table 1: Ashtavidha Pariksha.

<i>Nadi</i>	<i>Pittaj</i>
<i>Malam</i>	<i>Nirama</i>
<i>Mutra</i>	<i>Prakrit peeta varna</i>
<i>Jihva</i>	<i>samanya</i>
<i>Shabda</i>	<i>samanya</i>
<i>Sparsh</i>	<i>samanya</i>
<i>Drik</i>	<i>mild peeta</i>
<i>Akriti</i>	<i>Samakriti</i>

Table 2: Dashvidha Pariksha.

Prakriti	Kaphaja-vataj	Satva	Avara
Vikriti	Kapha Pradhan Pittaja	Jaran Shakti	Madhyam
Sara	Madhyam	Vyayam Shakti	Madhyam
Sahanan	Madhyam	Vaya	Madhyam
Satmya	Madhyam	Pramana	Sama praman

Systemic examination

Central Nervous System: Conscious and Well Oriented

Cardiovascular System: S1 and S2 Heard and No Murmurs

Respiratory System: Air entry bilateral equal and NVBS, No added sounds

Per Abdomen: Soft, Non Tender and No Organomegaly.

Examination of Skin

Distribution- Asymmetrical

Pattern- circular

Nature of lesion- Dry

Colour of lesion- Reddish

Table 3: General Criteria for Dadru Kushtha Assessment.

Symtoms	Grade 0	Grade 1	Grade 2	Grade 3
<i>Kandu</i>	Absent	Mild	Moderate	Severe
<i>Raga</i>	Absent	Mild –faint red	Blanching and red colour	red colour
<i>Daha</i>	Absent	Mild Burning sensation	Moderate Burning sensation	Severe Burning sensation
<i>Utsanna Mandal</i>	Absent	Mild elevated	Moderate elevated	Severe elevated
<i>Pidika</i>	Absent	1-3 papules	4-6 papules	>7 papules

Samprapti Ghatak*Dosha* - Tridosha (*Pitta-kapha Pradhan*)*Dushya* - *Twak, Rakta, Mamsa, Ambu**Strotas* - *Raktavaha**Swabhav* - *Chirkari**Stroto-Dushti* - *Sanga**Roga-Marga* - *Bahya***Treatment**

First Visit-

Shamana Chikitsa

1. *Arogyavardhini vati* (250mg) – 2 tablets twice in a day with luke warm water
2. *Krimimudgar rasa* (125mg)- 2 tab twice in a day with luke warm water
3. *Panchnimba churna* (2g) + *Giloy churna* (1g) + *Sudha gandhak* (125mg) – twice in a day with luke warm water
4. *Haridra khand* – 3g twice in a day with luke warm water
5. *Khadirarishtha* – 20 ml with equal amount of water twice in a day.

For local application

1. Local application of *Edgajadi lepa* twice in a day
2. *Mahamarichyadi* tail for local application- 4-5 times a day

These medicines were for 7 days

Follow-ups Chart.

Visits	Medicine
2 nd Visit	CST for 7 days
3 rd Visit	CST for 7 days
4 th Visit	CST for 7 days
5 th Visit	CST for 7 days
6 th Visit	CST for 7 days

After treatment

Follow up for 15 days shows no any reoccurrence of any lesion.

OBSERVATION AND RESULT

Symtoms	Before treatment	On 14 th day	On 28 th day	On 35 th day	On 42 nd day	After Treatment follow up
<i>Kandu</i>	Grade 3	Grade 2	Grade 1	Grade 1	Grade 0	Grade 0
<i>Raga</i>	Grade 2	Grade 2	Grade 1	Grade 1	Grade 0	Grade 0
<i>Daha</i>	Grade 3	Grade 1	Grade 1	Grade 0	Grade 0	Grade 0
<i>Utsanna Mandal</i>	Grade 3	Grade 2	Grade 1	Grade 0	Grade 0	Grade 0
<i>Pidika</i>	Grade 3	Grade 2	Grade 1	Grade 0	Grade 0	Grade 0

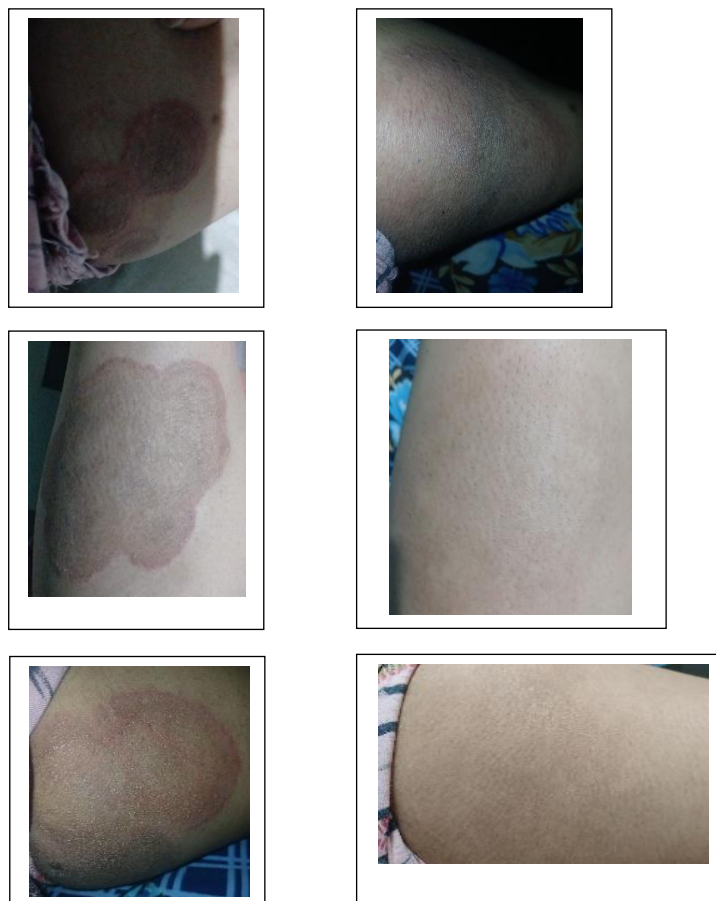


Figure 1- Before Treatment Figure 2 - After Treatment

DISCUSSION

The dietary (*Aharaja*) and lifestyle (*Viharaja*) etiological factors (*Hetu*) detailed across the *Brihatrayi* and *Laghutrayi* within *Kushtha Nidana* establish an environment to cutaneous microbial proliferation. These clinical presentations demonstrate a significant symptomatic correlation with the modern diagnosis of tinea or ringworm.

Arogyavardhini vati is a formulation contain herbs and minerals. The main ingredients is *kutaki* (*Picrorrhiza kurroa*) and other are *trifala*, *gugglu*, *eranda*, *shilajeet*. Minerals in this

formulations are *Shudha parada*, *shudha gadhaka*, *lauha bhasma*, *abhraka bhasma* and *tamra bhasma*. The *bhavana dravya* is *Nimba patra* (*Azadiracta indica*). These all contents have overall properties of *tridosha shamaka*, *pachana*, *kushthaghna*, *deepana*, *kandughna* etc. These properties helps to maintain the tridosha by *angnivardhana*, *malashodhan*, *bhedan*, *vatanulomana* etc.^[14]

Panchnimba churna.^[15] described by *bhaishajya ratnavali*. The ingredients include five parts of *Nimba* (*Azadiracta indica*) – roots, stem bark, flowers, fruits and seeds, *triphala*, *trikatu*, *chitraka*, *haridra*, *daruharidra*, *giloy*, *vidanga* and others. It has *tikta rasa*, *ruksha guna*, *katu vipaka* and *sheeta virya* which alleviate *kapha* & *pitta* and cleanse *rakta dhatu*.^[16]

Giloy churna (*Tinospora cordifolia*) has *snigdha guna*, *tikta* & *kashaya rasa*, *madhur vipaka*, *ushna virya* in nature. *Vata dosha* pacified by *snigdha guna* and *tikta* & *kapha* and *pitta dosha* alleviates by *kashaya rasa* which means it is a *tridosha shamaka*. It has *raktashodhaka*, *deepana*, *kushthaghna* and *pachana* properties.^[17]

Suddha Gandhak have *madur rasa*, *ushna virya* and *katu vipaka* as per *Rasaratna sammuchaya*. Due to these properties it alleviate the *pitta-kapha dosha* and interrupt the *samprapti chakra* which ultimately subsides the symptoms and repair the skin.^[18]

Haridra Khanda's primary constituents include *Haridra* (*Curcuma longa*), *Nishotha* (*Operculina turpethum*), and *Haritaki* (*Terminalia chebula*). *Haridra* exhibits *kapha-vata shamaka*, *pittarechaka*, *rakta-prasadana*, and *kushthaghna* actions, attributed to its *tikta* and *katu rasa*, *katu vipaka*, and *ushna virya*.^[19] Owing to its *laghu*, *ruksha*, and *tikshna* attributes, along with *tikta-katu rasa*, *katu vipaka*, and *ushna virya*, *Nishotha* provides *kapha-pitta shodhan*, *bhedana*, and *shothahara* benefits.^[20] *Haritaki*, characterized by *laghu-ruksha* qualities, *kashaya-dominant pancharasa*, *madhur vipaka*, and *ushna virya*, offers *shothahar*, *vedanasthapana*, *vranashodhana-ropana*, *kushthaghna*, and *tridosha shamaka* efficacy.^[21] Consequently, the combined ingredients of *Haridra Khanda* yield a synergistic therapeutic impact, functioning as *kandughna*, *kushthaghna*, *krimihara*, and *shothahar* agents.^[22]

The *Khadirarishta*.^[23] formulation incorporates essential ingredients such as *Khadira* (*Acacia catechu*), *Devadaru*, *Daruharidra*, *Bakuchi*, and *Triphala*. *Khadira* is distinguished by its *tikta-kashaya rasa*, *katu vipaka*, and *sheeta virya*, alongside potent *kandughna* characteristics. Through these specific attributes, it effectively pacifies aggravated *kapha* and *pitta doshas*.^[24]

This traditional preparation is instrumental in managing various skin pathologies, including *kapala kushtha*, *audumbar kushtha*, *mahakushtha*, *mandalkushtha*, and *kshudra kushtha*, as well as *vatarakta*, *visarpa*, and *kandu*.^[25]

Edgajadi lepa- The ingredients include *Chakramarda*, *kushtha*, *saindhava*, *sarshapa* and *vayavidanga*. The development of *Dadru* is fundamentally linked to the accumulation of *Amavisha*, which *Chakramarda* halts using its *Vihṣaghna* potency and the specific influence of its *Laghu*, *Rukṣha*, and *uṣhṇa virya*. Because *Kaṇdu* manifests primarily from *Kapha Doṣha*, *Chakramarda*'s hot and dry attributes act as a direct antagonist to the cold, heavy, and slimy nature of *Kapha*. This interaction alleviates itching effectively, while its broader *Kaphavatahara* action ensures that the overall pathogenesis is successfully neutralized. The *Snigdha* and *Sukṣhma* attributes of *Saindhava* work to alleviate localized dryness while enhancing medicinal absorption. Through its *Sukṣhma* potency, the formulation reaches deeper *Strotasa* to clear existing obstructions. Moreover, *Raga*, *Piḍika*, *Maṇḍala* improve due to the *Varṇya* and *Raktashodhaka* properties of the active medicine.^[26]

CONCLUSION

This case study underscores the profound efficacy of a systematic Ayurvedic intervention in the clinical resolution of *Dadru Kushtha* (Tinea corporis/Ringworm). By meticulously applying the diagnostic framework of *Pancha Nidana*, we were able to map the intricate pathology of the disease, from its etiological roots (*Nidana*) and early prodromal signs to the full manifestation of its clinical characteristics (*Lakshana*). This comprehensive assessment allowed for a treatment protocol that transcended mere symptomatic relief, focusing instead on the fundamental restoration of physiological equilibrium.

The therapeutic strategy prioritized the correction of *Dosha* vitiation, primarily targeting the imbalance of *Pitta* and *Kapha*, while simultaneously rekindling *Agni* (metabolic fire) to halt the production of *Ama* (metabolic toxins). By systematically cleansing the affected *Dushyas*, specifically the *Rasa* and *Rakta Dhatus*, the treatment addressed the systemic vulnerability that often leads to chronic recurrence. A synergistic combination of *Sanshaman Chikitsa* (palliative internal medicine) and targeted *Lepa* (topical applications) effectively disrupted the *Samprapti Chakra* (pathogenesis cycle). This dual-action approach not only cleared the localized fungal lesions but also fortified the host's immunity, ensuring a sustained recovery with no observed recurrence during the follow-up period. Ultimately, this study affirms that the classical Ayurvedic methodology offers a safe, potent, and holistic alternative for

managing fungal skin disorders and broader *Kushtha* pathologies.

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