

AYURVEDIC LITERATURE REVIEW ON CONCEPT OF DADRU KUSHTA

Pranay Maruti Godase^{1*} and Naina P. Vishwakarma²

¹PG Scholar, Rognidan and Vikriti Vigyan Department, Late Kedari Redekar Ayurvedic
Mahavidyalay Gadhinglaj, Kolhapur.

²Guide & HOD Professor, Rognidan and Vikriti Vigyan Department, Late Kedari Redekar
Ayurvedic Mahavidyalay Gadhinglaj, Kolhapur.

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***Corresponding Author**

Dr. Pranay Maruti Godase

PG Scholar, Rognidan and

Vikriti Vigyan Department,

Late Kedari Redekar

Ayurvedic Mahavidyalay

Gadhinglaj, Kolhapur.

ABSTRACT

Ayurveda has emphasized the significance of dermatological conditions since the Vedic period. Dadru is a condition impacting the skin, characterized by symptoms of itching, lesions, and pustules. It is a Kaphapitta Pradhana, wherein the symptoms closely match those of a Tinea infection. Dadru Kushta results from the excessive use of Ati Amlalavana Sevana, Ati Snigdha, and Ati Drava Ahara, as well as the intake of Dadhi and Matsya with Kshira, leading to the exacerbation of Pitta and Kapha Doshas, which produces skin disturbances. North Karnataka is renowned for its hot and humid climate, placing its population at risk for several dermatophytic illnesses. The most prevalent types are Tinea Corporis and Tinea Cruris. This aims to elucidate the etiopathogenesis of Dadru Kushta concerning tinea infection.

KEYWORDS: Dadru Kushta, Pitta Dosha, Kapha Dosha, KOH.

INTRODUCTION

The skin serves as a reflection of both external and internal pathologies, so aiding in illness diagnosis. The skin is the primary organ of the body that interacts with environmental stimuli and demonstrates the body's innate capabilities. Skin illnesses account for a prevalence rate of 10-20% of all consultations in general practice. Skin illnesses are categorized as Kushta in Ayurveda, with a detailed account of Dadru Kushta dating back to the Samhita period.

Acharya Charaka identified 18 varieties of Kushta, which are further categorized into Maha Kushta and Kshudra Kushta. Dadru Kushta is referenced in Chikitsa Sthana.^[1]

Acharya Vriddha Vagbhata identifies 18 varieties of Kushta, noting that Dadru Kushta is classified as a Kaphapittaja kind. Acharya Laghuvagbhata has adhered to the classification established by Acharya Susruta. The Bhela Samhita enumerates 18 varieties of Kushta.^[2]

Dadru is a form of Kushta and is analogous to Dermatophytoses, fungal infections, or Tinea (ringworm) infections in modern science. Dermatophytoses has emerged as a considerable health issue impacting children, adolescents, and adults globally. In India, 5 out of every 1000 individuals are afflicted by Tinea infections. Ringworm is a prevalent superficial fungal illness affecting the skin, hair, and nails. It may induce a pruritic, erythematous, circular eruption. Ringworm is also referred to as "Tinea" or "Dermatophytosis." The many forms of ringworm are often designated according to the infection's anatomical location on the body. Microscopy with potassium hydroxide (KOH) facilitates the visualization of hyphae and corroborates the diagnosis of Tinea/Dermatophyte infection.^[3]

Nidana

The specific Nidana of Dadru Kushta is not delineated in Ayurvedic classics; hence, the Nidanans of Kushta may be regarded as applicable to Dadru Kushta. These are classified under the following headings.

Aharaja and Viharaja nidana^[4]

Acharya Charaka and Acharya Vagbhata identified the Nidanans for Kushta as Adhyashana, Vishamasana, Atyashana, consumption of food during Ajeerna, Satata and Atisevana of Madhu, Phanita, Matsya, Lakucha, Mulaka, Kakamachi, excessive Snehana, Vidahi Ahara, and excessive intake of Amla and Lavana. Ahara The Aharaja Nidanans include Rasa, Navanna, Dadhi, Masha, Mulaka, Pishtanna, Kshira, Guda, extreme Drava, Snigdha Ahara, and Guru Ahara. Diwaswapna, Chardhi Vegadharana, consuming cold water post-exposure to sunlight, Ativyayama, Ati Santapa Sevana. Acharya Sushruta incorporated Dushivisha. Acharya Harita identified Dushita Jala as the etiological cause for Kushta. Acharya Bhavamishra included the excessive use of Gramya, Anupa, and Audaka Mamsa to the aforementioned Nidanans.^[5]

Samprapti

Samprapthi constitutes the core of Nidana Panchaka and Vikrithi Vijnana. Acharya Vagbhata defines that knowledge of Samprapthi should elucidate the type and way of dosha vitiation, connected variables, their dissemination, and the characteristics of their lodgment.

Inadequate transformation at the Dhatu level (Dhathwagnimandya) may lead to the accumulation of excess materials inside the internal environment, thereby obstructing the operations of Bhrajaka Pitta. Inappropriate behaviors of Bhrajaka Pitta may compromise the structural integrity of the skin.

Skin constitutes one of the structural forms of Rasadhatu. This can be classified as a component of Rasavaha Srothas. Prolonged causes may compromise the structural integrity of the skin to varying extents, resulting in 'Srothovaigunya'. The primary cause of the sickness is the Pitta Dosha, influenced by etiological variables that can impair the Kapha Dosha. Dhathwagnimandya may induce the precipitation of Malaroopa Kapha in excretory substances such as perspiration. Consequently, impaired Doshas and Malabhavas may eventually reside on the skin, resulting in diminished resistance. Consequently, a nest is established on the skin for the fungus to inhabit. The toxic substances released by these fungus disrupt the characteristics of Doshas in the skin, disturbing structural equilibrium and resulting in conditions such as Kandu, Daha, Ruksha, and Raga. Each symptom manifested is associated with a changed dosha as a causative component.^[6]

Samprapti ghataka

- Dosha - Kaphapitta Pradhna Tridoshaja Vata - Vyana Vata
- Kapha - Tarpaka Kapha Pitta - Bhrajaka Pitta
- Dushya - Twak, Raktha, Mamsa And Lasika
- Srotas - Rasava, Rakthavaha, Mamsavaha and Lasika Srotas
- Srotodushti - Sanga and Vimargagamana
- Agni - Jatargnijanya Mandya Ama - Agnijanya Mandya Udbhava Sthana - Amashaya Sanchara Sthana - Rasayani Adhisthana - Twacha
- Roga Marga – Bahyarogamarga
- Vyadhi Svabhava – Chirakari

Purvarupa^[7]

The Ayurvedic texts do not delineate the Purvarupa of Dadru Kushta; nonetheless, the Purvarupa of Kushta may be regarded as the Poorvaroop of Dadru Kushta. The poorvaroop of Kushta is generally regarded as described in several literature. Asweda, Atisweda, Athi Slakshanata, or Parushyam. Ati Vedana, Vaivarnyam, Kandurudhira Krishnata, Toda, Suptatha, Paridaha, Lomaharsha, Kharatwa, Ushmayanam, Shyavathu Visarpagamana, Pakwadagha, Bhaghna, Kshatopa, Skolitheshu Atimatra Vadana, Sheeghrothpatti and Chirasthithi, Dourbalya, Rookshatwa, Pidakas, Raga, Pipaasa, Kota Utpatti, Shrama and Klama.

While these may be regarded as the Purvarupa of Dadru Kushta, in practice, we rarely observe them manifesting as prodromal symptoms. Often, no symptoms are evident as Purvarupa.

Rupa

The characteristics of Dadru Kushta that are fully expressed in the Vyaktavastha of Kriyakala. The Lakshanas are Kandu, Daha, Durvavat, and Deergha Pratana. Ruksha, Raga, Pidaka, Utsanna Mandalas, Srava, Atasipushpa Varnani, Tamra Varnani, Anushangini, Visarpani, and Chirrottama.

Kandu (pruritus): Acharya Sushruta and Acharya Vagbhata delineated the characteristics of Kandu. Pruritus is a prevalent and prominent characteristic noted in Dadru. Since Dadru is primarily a Kapha and Kleda predominant disorder, even Kandu arises as a manifestation of Kapha vitiation, leading to the emergence of Kandu.

Daha (burning feeling) is a manifestation of Paittika Lakshana of Pitta due to Pitta Prakopa. The Ushna and Tikshna qualities of Pitta induce a burning feeling in the skin.

Durvavat Deergha Pratana (Large spreaded area)

- Ruksha (Dryness): Due to Vata Vruddhi along with Pitta and Kapha vitiation the Mandala appears like Ruksha.
- Raga (Redness): Acharya Charaka mentioned the Raga Lakshana of the Dadru Kushta. When the vitiated Pitta gets accumulated in Twacha and Raktha creates Raga or redness. Erythema is redness of the skin due to congestion of the capillaries.

- **Pidaka (Pustule/Vesicle):** Acharya Sushruta mentioned that, when the vitiated Pitta gets accumulated in Twacha and Raktha creates Ragayukta Shopha i.e., inflammation and redness then it is known as Pidaka or pustule.
- The vitiated Pitta after vitiating Twacha and Raktha rests over them and presents with Ragayukta Shopha and hence called as Pidaka.
- **Utsanna Mandalas (Elevated circular patches):** Acharya Vagbhata used the word Utsanna Mandala while Acharya Charaka used the word Mandala, It is the result of Tridosha and four Dhatu Raktha, Mamsa, Meda and Lasika.
- **Srava:** Acharya Bhela mentioned that, the vitiated
- Pitta, Kapha and Lasika produces Srava.
- **Atasi Pushpavat Pidaka:** Acharya Sushruta mentioned that, the skin lesion resembles like Atasi Pushpa which is purple colored round flower. The skin lesion is Annular Erythematic purple colored plaques as mentioned in modern texts closely resemble with above features.
- **Tamra Varna Pidaka:** Acharya Sushruta describes the color of the lesions in Dadru more specifically like that of Tamra (copper). Due to Pitta involvement the Pidaka or lesion looks Tamra Varna.
- **Anushangini, Visarpani and Chirrotam:** Acharya Vagbhata and Harita explained these Lakshanas as spreadings nature (Visarpanshila) but slow in progress or chronic in nature (chirrottham) may indicate towards the spore forming nature of the fungus on getting favorable environment may restart spreading. So, its described as Anushangini, Visrpani and Chirrotam.

Sadhyasadhyata

As Dadru is a Kapha Pitta Pradhana Tridoshaja Vyadhi, Acharya Charaka has mentioned it under Kshudra Kushta whereas Acharya Sushruta mentioned it under Maha Kushta, Charakacharya mentioned it as Kruchrasadhya.^[8]

Chakrapani has mentioned Sitha and Asitha Dadru. Sitha is Sadhya Vyadhi whereas Asitha Dadru is Asadhya.^[9]

While Acharya Vagbhata says it as Anushangi that is remains for longer period (Deergha Kaala Anubandha Vyadhi) explains about the adaptability of the Fungi in the body for longer period and also explains about its recurrence.

Concept of Dermatophytosis/Tinea Infection^[10]

Dermatophytosis is classified as a fungal infection. Fungal skin illnesses can be categorized as superficial mycoses and deep mycoses. Dermatophytosis is classified as a superficial fungal infection of the skin. Superficial infection of keratinized tissue is termed dermatophytosis. The infection is typically referred to as ringworm or tinea. The phrase denotes the larval stage of insects. Raymond Sabouraud, the father of modern mycology, defined dermatophytosis in 1910 as tinea cruris, tinea corporis, and so forth, based on the affected area. These infections are confined to the invasion of keratinous structures such as the stratum corneum, nails, and hair. Ringworm infection is frequently located in the stratum corneum of the skin, hair, and nails. They are sometimes referred to as dermatophytosis or tinea. Ringworm is induced by twenty species of Dermatophyte fungi, categorized into three genera: Trichophyton, Microsporum, and Epidermophyton.

Pathogenesis

- Inoculation in the host skin
- Dermatophytes can survive solely on outer cornified layers of the skin. Natural infection is acquired by the deposition of viable arthrospores or hyphae on the surface of the susceptible individual.
- After the inoculation in the skin suitable condition like humid, warmth (sweat etc.) favors the infection to progress by competing with the normal flora produced by Keratinocytes and the fatty acids produced by the sebaceous glands, the arthroconidia (an infectious element) adhere to the keratinized tissue. The germination of hyphal growth proceeds in multiple directions. At the skin surface, long and sparse fibrils connect fungal arthroconidia to keratinocytes to each other later large surfaces are involved.
- Penetration
- Dermatophytes are provided with an arsenal of proteases aimed at digestion of keratin into oligopeptides or amino acids. Once established, spores must germinate and penetrate the stratum corneum at the rate of desquamation. Penetration is accompanied by dermatophytes secreting multiple serine- proteases providing nutrition to the fungi.
- Development of host response
- Fungal metabolic products diffuse through malpighian layer to cause erythema, vesicle or even pustule formation along with pruritis. Their in vivo activity is restricted to the zone differentiation. Acute dermatophytosis is associated with DTH skin response against them while persistent disease corresponds to IH responses, to high level of IgE antibodies.

Diagnosis

The diagnosis is done on the basis of clinical features and Symptoms.

DISCUSSION

Kushta is a dermatological condition. Twak originates from the Matruja Bhava. It is the locus of Sparshanendriya and the Upadhatu of Mamsadhatu. Twacha has a clear correlation with Dosha, Dhatu, and Mala, which are recognized as the structural and functional units of the body. Contemporary perspectives on skin encompass embryology, macroscopic and microscopic architecture, as well as an immunological aspect, including its structure, cellular components (such as Langerhans cells, T lymphocytes, mast cells, and keratinocytes), functional systems, and immunogenetics. Skin disorders have existed since ancient times, manifesting as skin blemishes.

The Nidanas of Dadru Kushta are not explicitly detailed in classical texts; however, as one of the eighteen varieties of Kushta, certain Nidanas may be relevant to Dadru Kushta.

Dadru is a disease primarily characterized by Kapha and Pitta doshas within the Tridosha framework. The Nidanas that exacerbate Kapha and Pitta may be addressed here. Excessive consumption of solid food, excessive intake of liquid food, excessive consumption of sour and salty foods, consumption of yogurt, fish with milk, overeating, indigestion, excessive intake of heavy foods, consumption of aquatic and terrestrial meats, excessive consumption of lentils, daytime sleep, excessive retention of bodily heat, drinking cold water after exposure to sunlight, excessive physical exertion, excessive exposure to heat, and adverse effects. Nidanas such as Prasanga, Gatra Samsparsha, Nishwasa, Saha Bhojana, Sahashayya, Sahasana, Vastra, and Mala Anulepana are significant etiological factors for Dadru Kushta.

Cosmetic issues are pressing concerns in contemporary society, garnering significant attention in recent years. Disrupted lifestyle, dietary practices, underlying diseases, and deteriorating environmental factors contribute to Kushta Disease. Currently, dermatological conditions have emerged as a prevalent problem in general practice. In recent years, there has been a significant rise in the prevalence of skin disorders in tropical and developing nations such as India, attributed to diminished immunity, unsanitary living circumstances, and inadequate nutrition. The skin is the most exposed region of the body. Patients afflicted with dermatological conditions endure physical, emotional, and socioeconomic distress from a cosmetic perspective.

Skin constitutes one of the structural forms of Rasadhatu. This can be regarded as a component of Rasavaha Srothas. Prolonged causes may compromise the structural integrity of the skin to varying extents, resulting in 'Srothovaigunya.' The primary cause of the sickness is the alteration of Kapha and Pitta Doshas due to etiological factors. Dhathwagnimandya may induce Malaroopa Kapha in excretory substances such as perspiration. Consequently, impaired Doshas and Malabhavas may eventually reside on the skin, resulting in diminished resistance. Consequently, a nest is established on the skin for the fungus to inhabit. The toxic substances released by these fungi disrupt the characteristics of doshas present in the skin, disturbing the structural equilibrium and resulting in conditions such as Kandu, Daha, Ruksha, and Raga. Each symptom manifests due to a changed dosha as a triggering event.

Dadru is analogous to a Tinea Infection. Symptoms consist of erythema, pruritus, and annular rashes that closely match the manifestations of Raga, Kandu, and Utsanna Mandala of Twak. The primary sites of etiopathogenesis are Twak (skin), Rakta (blood and lymph), and Lasika (sweat glands). Rupa manifests during the fifth Kriyakala, representing the 'Vyakta' stage, which signifies the full development of the sickness.

The consumption of Shali, Shastika, Godhuma, Yava, Uddalaka, Koradoosha, Shyamaka, and Mudga alleviates the symptoms. Consumption of these Aharas provides mild relief to the subjects. Khadira Kashaya Snaana, Sidharthaka Snaana, to exhibit sincerity and fulfill obligations to God, teachers, and gurus, to offer prayers, conduct Yagna and Homas, and provide donations to the impoverished and needy. Mamsa (avian flesh), Vasa (adipose tissue), Dugdha (lacteal fluid), Dadhi (fermented milk), Tila Taila (sesame oil), Kulatta (*Dolichos biflorus*), Masha (*Phaseolus mungo*), Nishpav (*Dolichos lablab*), formulations of sugar and jaggery. Pisti Amla (articles with a sour flavor), Viruddha Ahara (incompatible foods), Vidahi (foods that may impede channels), Vidagda (foods that induce acidic eructations).

CONCLUSION

Dadru Kushta is a kind of Kushta, wherein the Pitta and Kapha Doshas play a significant role, alongside Vata as the Anubhanda Dosha. The analysis of textual references to the etiology of Dadru Kushta reveals that Pittakara and Kaphakara Nidana significantly contribute to the appearance of Dadru Kushta. It is determined that any irregularities in Bhrajaka Pitta, Tarpaka Kapha, and Vyana Vata, caused by various Nidanas, lead to Dadru Kushta. The characteristics of Dadru Kushta are Kandu, Mandalas, Raga, and Pidakas. These Lakshanas

closely resemble the symptoms of Tinea infection in contemporary medicine, where circular patches accompanied by intense itching, erythema, and pustules are prevalent complaints.

REFERENCES

1. Editor and Translator Vaidya Harish Chandra Singh Kushwaha. Agnivesha Charaka samhita, Chakrapanidatta's Ayurveda Dipika Ayushi Hindi Commentary. Second part, Chikitsasthana, Chapter Kushtachikitsa Adhyaya Verse number, Chaukhambha Orientalia, Varanasi. Edition Reprint, 2012; 7, 30: 198-199.
2. Hindi commentary by Kaviraj Atridev Gupta, Foreword by Rajvaidya Pt.Sri Nandakishor Sharma Bhis on Astanga Samgraha of Vagbhata Acharya, Nidana sthana Kushtakrimi Nidana adhyaya, Publication by Chowkhamba Krishnadas Academy Varanasi, Reprint, 2005; 396: 14-26.
3. Sharma Ramkaran, Dash Bhagwan. Charaka Samhita chikitsasthana with Ayurveda Dipika commentary. Varanasi; Choukamba Krishnadas Academy, 2004; 3: 618.
4. Translator Dr. Kevala Krishna Thakarala, Nibandha Samgraha commentary of Dalhana acharya and Sri Gayadas Acharya on Sushruta Samhita of Sushruta Acharya on Nidana Sthana, Part 1, Kushta nidana Adhyaya, Publication BY Chaukhambha Orientalia, 2014; 761, 5: 33-34.
5. Editor Vaidya Jadavji Trikamji and Narayana Ram Acharya Sushruta Samhita of Sushruta, Nibandha Sangraha Commentary of Shri Dalhanacharya and Nyayachandrika Panjika of Gayadas Acharya on Uttaratantra. Chapter Krimi Roga Pratishedha Adhyaya Verse number, Chaukhambha Orientalia, Varanasi. Edition Reprint, 2017; 15, 54: 773.
6. Sharma Ramkaran, Dash Bhagwan. Charaka Samhita Chikitsa Sthana with Ayurveda Dipika commentary. Varanasi; Choukamba Krishnadas Academy, 2004; 4: 203.
7. Yadavaji Trikamji Acharya ed, Charaka Samhita Chikitsa Varanasi; Chaukhambha Subharathi Prakashan, 2008; 458: 7/173,174,177, 1.
8. POMH Bhaishajya Ratnavali of Sri Govindadasji Bhisagratna commented upon by Shri Ambika Dutta Shastri, English Translation by Dr Kanjiv Lochan, Chaukhambha Sanskrit Bhawan, Varanasi, reprinted edition, 2006; 3, 54: 257- 60, 82.
9. Sahasrayogamby K. Nishtewar, R.Vidyanath, English Translation, Chaukhamba Sanskrit Series Office Varanasi, reprinted edition, 2017; 124-125.
10. API Textbook of Medicine by Yash Pal Munjal, Surendra K Sharma, The association of physicians of India, 2015; 10, 1: 666.