

AYURVEDIC MANAGEMENT OF DADRU KUSHTHA (TINEA CORPORIS) – A CASE STUDY

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ABSTRACT

Skin being the largest and protective covering of our all internal organs is susceptible to many harmful environmental factors causing different kinds of infections like bacterial, viral and fungal. Skin diseases are mostly caused by bacteria and fungi etc. Tinea corporis infection is very common in rural and urban areas. In Ayurveda all skin diseases are have been classified under the broad heading of '*Kushta*' which is further classified into 2 catagories i.e *Mahakushta* and *Kshudrakushta*.^[1] *Dadru* is one amongst the *Kshudra Kushta*. It is *Raktapradoshaja vyadhi*^[2] having *kapha*, *pitta* dominance.^[3] Due to similarity of symptoms of *Dadru* it can be very well correlated with Tinea corporis which is a fungal infection. In these cases generally systemic and tropically medications used are antifungal i.e.

Ketaconazoles which may lead to many side effects and re-relapse too. In following case study a 31 years old male patient suffering from *Dadru* since past 6 months has treated with *Ayurvedic* treatment and a good relief was observed.

INTRODUCTION

“Ayurveda”, is our ancient health care system which has mentioned different *charyas* like *Dinacharya*, *Ratricharya*, *Rutucharya* etc. to prevent diseases in future. But in present era no one is following these charyas. Rather every one due to the changing lifestyles, improper food habits like consumption of excessive junk, spicy and oily food (*Viruddhaaharsevana*), improper sleeping habits like late night sleeping (*Ratrijagarana*) or excessive day time sleeping patterns (*Diwaswap*), Poorhygiene and increased stress factor having many health issues. Skin disorders is one of the most rising issue among them these days. In *Ayurveda*, almost all skin diseases are covered under the heading of *Kushtha*.

Skin is the largest organ of the body. According to World Health Organization (WHO), the prevalence rate of superficial mycotic infection of skin worldwide has been found to be 20-25%.^[4] Fungal infections (Tinea/Ringworm) are more demoralizing to the patients due to their appearance, recurrence, chronicity, and negative psychological impact.

According to modern science, Tinea/Ring worm also known as dermatophytosis is an infection caused by the keratinophilic fungi which consist of multicellular filaments and multiply by spore formation. Dermatophytosis is a disease condition characterized by the infection of keratinized tissues such as the epidermis, hairs and nails.

Superficial mycoses are caused by parasitic fungi of the keratin. They are called dermatophytes and belong to the gender Trichophyton, Microsporum and Epidermophyton. They infect skin, the hair and nails, and occasionally, they involve deep tissue.

According to the part of body involved dermatophyte (tinea) infections have different names. Following table shows different names of tinea infection given according to the body part involved.^[5]

Table 1.

Sr. no.	Tinea infections	Part of body involved (Location of lesion)
1.	Tinea Capitis	scalp and hair shafts
2.	Tinea Corporis	trunk, extremities, or face
3.	Tinea Barbae	skin and coarse hairs of the beard and moustache area
4.	Tinea Faciei	non-bearded area of the face
5.	Tinea Manuum	one or, occasionally, both hands
6.	Tinea Cruris	infection of the groin
7.	Tinea Pedis	interdigital spaces most common of the fourth and fifth toes
8.	Tinea Unguium	Nail

In *Ayurveda*, almost all skin diseases are covered under the broad heading of *Kushtha* which are further classified into two major categories as *mahakushta* and *Kshudra kushta*. *Dadru* is one of the *kushta* which is included in *Kshudra Kushta* by *Charakacharya*.

In *Ayurveda* Tinea (fungal) infections can be correlated with *Dadru Kushtha* due to its similarity of clinical features. *Dadru* is a *Raktapradoshaj vyadhi* and is a *tridoshaja twakvikara* with *pitta* and *kapha* dosha predominance. *Charak Acharya* has stated the classic *lakshanas* of *Dadru* like *raga*, *Kandu*, *pidaka* and *Utsanna mandala*.^[6] Which are very much similar with the feature of Ring worm/*Tinia* like erythema, pruritis, vesicle or papule, circular or ring like lesion spreading all over body etc.

According to *Acharya Sushruta*, *Dadru* is included under *Mahakushta*^[7] and described it as a *Kapha pradhan vyadhi*. While describing the classical *lakshanas* of *Dadru* he stated the colour of it as copper or the flower of *Atasi* also he mentioned that its *pidaka* are in the forms of *parimandala* and are *Visarpanshila* means having spreading nature but slow in progress or chronic in nature i.e. *chirothanam* with itching (*Kandu*). Intake of incompatible and contaminated food, suppression of natural urges (*Vega-dharana*), drinking too cold or chilled water right after exposure to sunlight or after doing heavy physical activity, daytime sleeping (*divaswap*) and consumption of food items which are excessive salty or acidic are the causative factors for the disease.^[8]

CASE REPORT

A 31 years old male patient came to OPD dated on 7/04/22 with chief complaints of

1. Elevated ring like patches over lower abdomen, buttocks and groin region.
2. Severe itching at the patches and aggravates at night,
3. Reddish gray discolouration of and around patches,
4. Burning sensation after itching.

Patient has been suffering from above complaints since past 6 months. Previously, He was diagnosed with tinea corporis when consulted an allopathic dermatologist for the same complaints. At that time he has taken allopathic treatment which included both systemic & topical medication and has significant relief initially. But after stopping the treatment of all symptoms with more severity get relapsed.

Past History

Patient has No H/O -DM/HTN/Thyroid or any major illness or any surgical history.

Aahara- Intake of oily, spicy and junk food, *Nitya Dadhisevan* (daily eating curds), nonveg (Fish) 3-4 times weekly, intake of excessive bakery products (bread and pav).

Vihara- Sedentary lifestyle.

On Examination

- General Condition-Moderate
- Pulse rate-88/min
- BP- 120/90mm of Hg
- Weight- 75kg
- *Mala*- *Asamadhankaraka*, *Sakashta* (Constipation)
- *Mutra*- *Samyak*
- *Nidra*- *Asamyak* (*Khandita nidra*)
- *Kshudha*- *Samyaka*
- *Jivha*- *Sama*

Local Examination

Irregular area over lower abdomen, and buttocks and groin region. 3-4 circular erythematous patches with some vesicular eruption over lower abdomen and buttocks.

- Colour- Reddish Grey
- Odour- No odour
- Secretion- After Itching
- Elevation- Present.
- Inflammation – Mild Inflammation
- Pain- Mild pain
- Tendency to bleed- No
- Loss of sensation –No

Samprapti Ghatak

- *Dosha*- *Pitta-Kapha Pradhan*
- *Dushya*- *Rasa, Rakta, Mansa, Ambu*
- *Srotasa*- *Raktavaha Srotas*
- *Sroto Dushti* -*Sanga*

- *Udhbhavsthana- Amashaya*
- *VyaktiSthana- udar, Sphik, Vankshan,*

Management

Considering the Severity of disease, the patient was advised to take following medicines which were prescribed for 30 days and to follow up 1st on the interval of 14-15 days and 2nd on 30th day.

Table 2.

Sr.No.	Drug	Dose	Anupana	Time
1.	<i>Arogyavardhini Vati</i>	0-2-2	<i>Koshna jala</i>	After food
2.	<i>Gandhak rasayana</i>	2-2-2	<i>Koshna jala</i>	After food
3.	<i>Maha manjishtadi Kwatha</i>	15ml-15ml-15ml	<i>Koshna jala</i>	After food
4.	<i>Nimbadi churna</i>	3gm-0-3gm	<i>Koshna jala</i>	After food
5.	<i>Edgajadi lepa</i>	As per area	For LA	Twice a day

Case follow up

Assessment of the skin lesions was done on first visit and patient follow up at the interval of 14-15 days was done up till complete remission of the clinical symptoms. During the treatment and follow-ups the patient was advised to follow *pathya-apathya* regimen like to avoid incompatible food items, junk/fast food, excessive oily-salty spicy food. Patient is advised to avoid day time sleep and also suggested to maintain personal hygiene.

Table 3.

Lakshana	1 st visit	1 st follow up	2 nd follow up
Redness	+++	++	Mild
Itching	+++	++	Mild
Burning	+++	+	-
Dryness	++	+	-



DISCUSSION

The present study was aimed to give a safe and effective treatment to the patient. *Dadru* is a *Kapha-pitta* dominant *Vyadhi*. In order to manage this treatment should be selected which is having *Kapha-pitta shaamaka* properties. *Dadru* is a *Raktapradoshaj* vyadhi and it involves *rasavaha & raktavaha srotas*, so the treatment should be based on the principles of *Raktavaha sroto-dushti*. In the present clinical study, significant relief to patient has been observed in symptoms like *Raga* (erythema), *Kandu* (Itching), *rookshata* (dryness), *Pidika* (Papule) and *daha* (burning sensation). The mode of action of the prescribed drug can be understood on the basis of inherent properties of the drug.

1. *Arogyavardhini*^[9]

Mode of action: *Yakruta* (Liver) is the *moolasthan* of *Raktadhatu*. *Arogyavardhini* is a great liver detoxifier thus helps to improve the quality of *raktadhatu*. *Kutaja* in *Arogyavardhini* acts a *pittavirechaka*, and other *sukshma bhasma* of *abhrak*, *tamra*, *lauha* have potency to penetrate minute strotasas and do *samprapti vigahatana*. *Kajjali* is also well known for its *strotogamitva*.

2. *Gandhak Rasayan*^[10]

Contents: *Gandhak*, *Haritaki*, *Amalaki*, *Bibhitaki*, Detoxified ghee, Ginger and *Bhringraj*.

Mode of action: It is *Raktashodhak*, *Vranaropak*, *Twachya*, and *Krumighna*. It acts as a blood purifier. Reduces *Kandu* and *Daha*. *Gandhaka Rasayana* is able to keep the *Vata*, *Pitta*, *Kapha*, *Dosha* balanced. It is a well-known, most commonly used formulation and mainly indicated in *Kushtha* vyadhi.

3. *Maha Manjishthadi Kwatha*^[11]

Maha Manjishthadi Kwatha is said to be a great blood purifier. All the *dravyas* in this *kwatha* are having great results in all kinds of skin diseases. It is well known for its anti-inflammatory and anti-oxidant properties.

4. *Nimbadi choorna*

Contents: *Neem chhal*, *Giloy*, *Harde*, *Amla*, *Somraji*, *Saunth*, *Vavidang*, *Pavad*, *Pippal*, *Ajwain*, *Bach*, *Jeera*, *Kutki*, *Khair chhal*, *Saindha Namak*, *Yavshar*, *Haldi*, *Daruhaldi*, *Nagarmotha*, *Devdaru*.

Mode of action: It is a well-known, extensively used *ayurvedic* formulation indicated in *Kustha roga*. This formulation is having main ingredient *Neem chhal*, that have *Tikta*, *Kashaya Rasa* and *Laghu*, *Snigdha* properties by which *Pitta Shamaka* action can be observed. The other herbs performs *pitta virechana*, *kapha shamana* and *vata anulomana*. *Nimbadi choorna* also possesses *Rakta Prasadaka* and *Twak Doshahara* properties.

5. *Edgajadi Lepa*^[12]

Contents: *Chakramarda beeja*, *Kushta*, *Sarshapa*, *Vidanga* and *Saindhava lavana* are mixed with *Sauveerkam* having *Ushna*, *Tikshna*, *Laghu*, *Ruksha*, *Vishada Guna*, *Ushna Virya* & *Katu Vipaka*.

Mode of action: *Edgajadi Lepa* is said to be *Sukshma* in nature as it is macerated with *Sauveerkam* for two times. When it is applied topically, the active principles of the *Lepa* reach to the deeper tissues through *siramukha* & *swedavahi srotas* & stain it with its *Sukshma* & *Tikshna* properties.

CONCLUSION

Dadru though curable but is very clinging in nature. The remission and relapses of disease are common if the course of treatment is not handled carefully, therefore one should take necessary treatment as early as possible. In modern medical science, management of *Tinea corporis* is carried out with usage of topical or systemic antifungal, corticosteroids and their long term use may cause some undesirable side effects. Through this case report we would like to show that the line of treatment of *Dadru kustha* mentioned in *Ayurveda* texts certainly has a great potential. Due to all these reasons, there is a need for treatment having good efficacy and no toxicity profile. So this case study was conducted considering Ringworm (*Tinea corporis*) as *Dadru kustha* and *Ayurvedic* management was planned accordingly. This shows that if plan of treatment is selected according to principles of *Ayurveda* along with proper drugs, doses, duration, *anupan*, *pathya* and *apathy*. There is assurance of success in treatment as seen in this case of *Dadru kustha*.

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