



Treatment of Dadru Kushtha through Ayurveda- A Case Study

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ABSTRACT

The skin, being the largest organ of the human body and located externally, is prone to various disorders. Skin diseases in Ayurveda are classified under the broad category of 'Kushta,' further divided into Mahakushta and Kshudrakushta. Dadru is one such condition, characterized by a dominance of kapha and pitta, and is considered a Raktapradosha javyadhi. Dadru can be correlated with Tinea corporis, a fungal infection often caused by poor hygiene. Ayurvedic treatment for Kushtha primarily involves Shodhan (cleansing) and Shaman (palliative) therapies. A 73-year-old male patient presented with a brownish-black wet eruption on his ankle and foot region, accompanied by severe itching for the past 3 months. The treatment plan involved internal administration of Arogyavardhini vati, Gandhak rasayan, and Mahamanjishthathi kwath. Externally, Mahamarichyadi oil was applied. The treatment spanned 14 days, during which significant improvement was observed in itching (Kandu), erythema (Raaga), skin eruptions (Pidika), and elevated circular lesions. According to Ayurvedic Samhita, The combination of Arogyavardhini vati, Gandhakrasayan, mahamanjishthadi kwath, mahamarichyadi oil, possessing properties like Kushtaghna (anti-skin disease), Kandughna (anti-itching), and Krumighna (anti-fungal), aided in the elimination of aggravated doshas, thus breaking the samprapti (pathogenesis) of the vyadhi (disease). Based on this case study, it can be concluded that Ayurvedic formulations are effective in the management of Dadrukushta (Tinea corporis).

Keywords- Dadrukushta, Raktapradoshajavyadhi, Tinea corporis, krumighna, Kushtaghna

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INTRODUCTION

The skin, being the largest organ of the human body and located externally, is prone to various disorders, particularly in tropical and developing countries like India where there has been a significant increase in the incidence of skin problems [1]. In Ayurveda, all skin diseases are classified under the broad category of 'Kushta,' which is further divided into Mahakushta and Kshudrakushta. Dadru is a type of skin disorder included in this classification [2].

Acharya Charak has categorized Dadru under Kshudrakushta [3, 4] while Acharya Sushruta and Acharya Vagbhata have described it as a type of Mahakushta. (5) According to Ayurveda, causative factors for skin disorders like Dadru include Vishamashana (consumption of incompatible food), vegavidharana (suppression of natural urges), diwaswapa (daytime sleeping), intake of atilavana (excessive salty or spicy food), consumption of contaminated food, and drinking cold water immediately after physical exertion or exposure to sunlight [6].

The main symptoms of Dadru include itching (kandu), elevated circular lesions (utsanna), wet patches (mandala), erythema (raaga), and papules (pidakas). The pathogenesis of Dadru primarily involves the vitiation of Pitta-Kapha doshas and the impairment of the rasa and raktavahastrotas (channels related to lymph and blood) [7].

Due to similar symptoms, Dadru can be correlated with Tinea corporis, a fungal skin infection caused by dermatophytes. These fungi can lead to skin changes known as Tinea or ringworm. (8) The prevalence of Tinea infection is estimated to be 5 out of 1000 people.

In modern medical science, Tinea is managed with topical and systemic antifungal agents, as well as the use of corticosteroids [10, 11]. In Ayurveda, the treatment of Dadru involves Shaman (internal medications), and Bahirparimarjan (external applications). In this case study, the treatment is Shamana chikitsa (internal medications) with formulations like Arogyavardhini vati and Gandhaka Rasayana,

mahamajsthadi kwath which possess properties beneficial for treating skin disorders. Additionally, Bahiparimarjana chikitsa (external treatment) was provided through the local application of Mahamarichyadi oil.

Classification-

Tinea (Dadru are subdivided). Tinea is divided into superficial and deep mycosis (fungal infection), where superficial is further divided in-

1. Tinea Capitis (Scalp And Hair),
2. Tinea Barbae (Beard And Moustache),
3. Tinea Corporis (Thorax And Extremities),
4. Tinea Mannum (Palms),
5. Tinea Pedis (Soles)
6. Tinea Cruris (Groins And Buttocks),
7. Tinea Ungium (Nails),
8. Tinea Facie (Face) Dadru is divided into Sita and Asita

CASE REPORT

A 73-year male patient come here in my OPD Vadodara Gujarat, with the chief complaint of Itching (Kandu), erythema (Raaga), skin eruptions (Pidika), and elevated circular lesions on his left Ankle and foot and some eruptions is in wrist hand dorsum surfaces.

History of Present illness-

The patient was suffered for the past 3 months back, and gradually appear to erupt with severe itching on the foot and ankle then patient took allopathic medicine by M.D. Dermatologist for 70 days but no relief then the patient comes here to my clinic.

Past History-

There was a history of diabetes mellitus for 10 years and no history of hypertension, tuberculosis hypothyroidism.

Ongoing Treatment- Glimics-m1 (Metformin hydrochloride 500 mg, Glimiperide 1mg) -1tab bd after meal

Family History-

No family history found regarding skin disease.

Ashtavidh Pariksha-

Nadi- 78/ min, Madhyam, Vatapitta

Mala- Malavashthambha

Mutra- Prakrut, 5-6 time a Day

Jivha- AlpaSaam

Shabd- Spasht

Sparsh- Anushna

Druk- Prakrut

Aakruti- Madhyam

Kshudha- Madhyam

Nidra- Prakrut

Clinical Examination-

BP-130/80 mmHg, all vitals are stable

Brownish-black wet eruptions were present on the skin, and patches were well demarked from normal skin.

Diagnosis- its clinical examination and history was diagnosed as Dadru (Tinea Mannum (Palms), Tinea Pedis (Soles))

Investigation – RBC within normal limits.

Figure:- 1 Investigation Report of blood sugar-

Dr Lal PathLabs

Regd. Office: National Reference Lab Dr Lal PathLabs Ltd, Block-D, Sector-16, Rohtak, Haryana, New Delhi-110004
Web: www.drallpathlabs.com, CIN No.: U18202DL19000233

Name : Mr. KAUSHAL KISHOR MAURYA	Age : 73 Years
Lab No. : 386399930	Gender : Male
Ref By : Dr HIMANSHU VERMA	Reported : 07/01/2023 02:45:07 PM
Collected : 07/01/2023 11:30:00 AM	Report Status : Final
A/c Status : P	
Collected At : WALK-IN VADODARA LAB 1,23&4 CAPRI HOUSE,15 SUDHA NAGAR,JETLPUR ROAD VADODARA	Processed At : APRIL SILVER FORTUNE, GF-01, 7/A, Shreenagar Society, Nr. Jain Temple, Akota, Vadodara 390020, Gujarat

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Glucose, Random (Hexokinase)	136.00	mg/dL	70 - 140
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD			
HbA1c	5.6	%	Non Diabetic (Normal):- less than 5.7% Prediabetes (at risk):- 5.7% to 6.4% Diabetes:- 6.5% or higher
(HPLC) Estimated average glucose (eAG) (HPLC, NGSP certified)	114.02	mg/dL	

Interpretation
HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1c MEASUREMENT Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated hb in patients with renal failure) can affect the accuracy of HbA1c measurements	FACTORS THAT AFFECT INTERPRETATION OF HbA1c RESULTS Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c.
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Treatment-

Table No.1:- Given Treatment with dose and duration

Sr.No.	Drugs	Dose/Anupan	Duration
1.	Arogyavardhini vati	2tablet twice a day with normal water before a meal	28 Days
2.	Gandhak Rasyan	2 tablet Twice a day with normal water before a meal	28 Days
3.	Mahamanjsthadi kwath	20 ml twice a day with Luke worm water	28 Days
4.	Mahamrichyadi oil	Local Application, After cleaning the skin with normal soap	28 Days

Assessment Criteria-

The patient's assessment focused on evaluating the improvement of subjective parameters such as Kandu (itching), Raaga (erythema), Utsanna mandala (raised skin lesion), and Pidika (eruption). Additionally, photographs of the lesions were taken before, during, and after the treatment to aid in the evaluation process.

Table no.2:- Assessment Criteria of Subjective Parameters-

Sr.No.	Subjective Parameters	Grade 0	Grade 1	Grade 2	Grade 3
1.	Kandu (Itching)	Absent	Mild Itching	Moderate itching	Severe Itching
2.	Utsanna mandala (Elevated skin lesion)	Absent	Mild Elevated skin lesion	Moderately elevated skin lesion	Severely elevated skin lesion
3.	Pidika (Eruption)	Absent	1-3 eruptions	3-7 eruptions	>7 eruption
4.	Raaga(Erythema)	Absent	Present		
5.	Puyasrav (secretion)	Absent	Mild	Moderate	Severe
6.	Twakvavivarnya (Discoloration)	Absent	Mild	Moderate	Severe

RESULT**Table no.3: Assessment before, during and after treatment-**

Symptoms	On day 0	On Day 14	On Day 28
Kandu (Itching)	3	2	0
Utsanna mandala (Elevated skin lesion)	3	2	0
Pidika (Eruption)	3	1	0
Raaga (Erythema)	1	1	0
Puyasrav (secretion)	3	2	0
Twakvavivarnya (Discoloration)	3	2	1

The severity of Kandu (itching) was initially graded as 3 (severe itching), which improved to 2 (moderate itching) during the first follow-up and was completely absent on day 28 after completing the treatment. Similarly, the severity of Utsanna mandala (elevated skin lesion) was graded as 3 (severely elevated) before treatment. During the first follow-up, it reduced to 2 (mildly elevated) and was completely absent on day 28 after treatment completion.

Prior to treatment, Pidika (eruptions) had a severity grade of 3 (> 7 eruptions), which reduced to 1 (4-7 eruptions) during the first follow-up. By day 28, it was completely absent after completing the treatment. Raaga (erythema) was present before treatment, persisted during the first follow-up, but was absent on day 28 after completing the treatment.

The severity of Puyasrav (secretion) was initially graded as 3 (severe), which reduced to 2 (moderate) during the first follow-up and was completely absent on day 28 after treatment completion.

Furthermore, Twakvaivarnya (blackish colored discoloration) was initially observed at Grade 3, which reduced to Grade 2 (moderate discoloration) during the first follow-up, and gradually improved to Grade 1 (mild discoloration) during the second follow-up.

In summary, significant improvement was observed in all parameters after completing the treatment. This can be seen in the pictures taken before, during, and after the treatment.

Figure:1-DadrukushthaBefore Treatment Figure :2-DadrukushthaAfter Treatment**DISCUSSION**

All types of Kushta (skin diseases) are considered to be Tridoshaj (involving all three doshas - Vata, Pitta, and Kapha) in nature. However, according to Acharya Charak and Vagbhata, Dadru (a specific type of Kushta) is characterized by Pitta-Kapha dominance. On the other hand, Acharya Sushruta states that Dadru is predominantly caused by an imbalance of Kapha dosha. The pathogenesis of Dadru involves the involvement of Rasa (lymph) and Rakta (blood) in the progression of the disease.

In the ancient Samhita texts, various treatment approaches for Kushta are described. These include repeated Shodhana (purification) therapies and Shamana (palliative) drugs with Kushtaghna (anti-skin disease), Krumighna (anti-parasitic), and Kandughna (anti-itching) properties. Additionally, for better

therapeutic outcomes, Bahiparimarjana Chikitsa (external application of drugs) in the form of lepa (paste) and oil is advised.

In the presented case study, the patient was treated internally with Arogyavardhini vati (an Ayurvedic medicine), and Gandhaka rasayana (a preparation containing purified sulfur), Mahamanjisthadi kwath (a ayurvedic kwath), for a period of 28 days. Alongside internal medication, the patient was also prescribed external application of Mahamarichyadi oil (skin-healing properties). The treatment approach aimed to address the underlying doshic imbalance and alleviate the symptoms of Dadru.

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

Sr.no	Medicine	Ingredients	Action
1.	Aarogyavardhini Vati[12]	Kutaki, Haritaki, Bibhitak, Aamalaki, chitrakmoola, Shilajatu, Guggulu, Parad, Gandhak. Lauha Bhasma, Abhrakbhasma, Tamrabhasma, with Bhavana of Nimb patra Swaras.	Pitta virechan, Tridoshshamak, Deepana, pachana, kushthaghna, and Kandughna properties
2.	GandhakRasayan[13]	Shudha Gandhak Bhavandrayyas (Cow milk Bhrinngraj, Dalchini, Tamalpatra, Nagkeshar, Haritaki, Sunthi, Bibhitak Amla)	Agnidipak, Saptadhatuvardhak, Visheshat Raktavardhak, Raktashodhak, Kandughna, Rasayana, Pushitkara.
3.	MahamanjisthadiKwath	Haritaki, Bibhitaki, Amalaki,Manjistha, Vacha, Tikta, and Nisha	Raktshodhak (Purification of blood),balance vitiation of doshas, kushtaghna, kandughna
4.	Mahamarichyadi oil	Maricha,Nishoth,Dantimool,Aakdugdha,Devdaaru,Haldi,Daar uhalidi, Jatamansi,Kooth ,rakta Chandan, Indryanimool, Kanerimool, Hartaal, Mainshil, Chitrakmool, Kalihari, Vidanga, Shirishtwak, Kutujtwak, Neemtwak, Sapatparantwak, Snuhidugdh,Giloy, Amaltas Karanjbeej, Nagarmotha, Khadir, Peepali,Bach, Malkangni, Vatsanabha,Katutaila,Gomutra	Chronic skin disease, kushtaghna ,kandughna,antifungal, antiseptic, and antioxidant

CONCLUSION

According to the teachings of Acharya Charak and Mahakushtha, Dadrukushta is classified as a type of Kshudrakushta. Similarly, Acharya Sushruta and Acharya Vagbhata also recognize Dadrukushta and correlate it with Dadruis Tinea Mannum (Palms), Tinea Pedis (Soles) or dermatophytosis, a fungal infection of the skin. Since this condition is contagious, maintaining personal hygiene is crucial for its management. Based on a case study, it can be concluded that Ayurvedic treatment approaches described in Ayurveda, such as Shamana (administration of formulations like Arogyavardhini vati and Gandhak Rasayan, Mahamanjisthadi kwath), and Bahiparimarjana (application of mahamarichyadi oil), are effective in managing Dadrukushta.

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