

## AYURVEDIC UNDERSTANDING AND MANAGEMENT OF DADRU KUSHTA (TINEA CORPORIS) IN CHILDREN - A CASE REPORT

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### ABSTRACT

*Kushta* is a disease related to skin and appendages which may also shows systemic manifestations. *Kushta* is a *Raktapradoshaja vyadhi*, occurring as a result of predominance of *Pitta* along with *Rakta* and *Twak* as its *Adhishtana*. There are seven important factors responsible for the occurrence of *Kushta*. They are the *Tridosha-Vata*, *Pitta*, *Kapha* and four *Dhatus-Twak*, *Lasika*, *Mamsa* and *Shonita*. *Kushta* is of eighteen types. Seven are *Maha kushta* and eleven are *Kshudra kushta*. *Dadru kushta* is one among the *Kshudra kushta*. Its clinical features are *Sa kandu*, *Raga*, *Pidaka*, *Dadrumandala*. In another context, *Deergha prathaana durvad*, *Atasi Kusuma chavi*, *Ut-sanna mandala dadru*, *Kandumat anushangini*. *Dadru* explanation can also be seen as *Atasipushpa varnani tam-rani*, *Visarpaani*, *Pidakavanti cha dadrukushta*. *Tinea corporis* is characteristic of scaly patches, which are round and erythematous. The patch spreads towards the periphery which is quite inflamed, while it tends to clear at the centre. It is slightly pruritic ring like, erythematous papules, plaques with scaling and slow outward expansion of the border. A 13 year old female patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by parents with complaints of multiple reddish round patches over both the hands associated with itching since 3 months. Aggravates especially during intake of excess spicy food items and junk food. This condition can be understood as *Dadru kushta*. After a detailed evaluation and thorough clinical examination, we have started with *Deepana Pachana*, *Snehapana* and later *Sarvanga Abhyanga*, *Nadi Sweda* and *Virechana*. There were significant improvements in the condition of the patient. Later, she was discharged with medicines, especially to prevent its recurrence to be continued at home for a period of 15 days.

**Keywords:** *Dadru Kushta*, *Tinea corporis*, *Snehana*, *Shodhana*

### INTRODUCTION

*Kushta* is a disease related to skin and appendages which may also shows systemic manifestations. Due to cosmetic reasons, there will be disturbance in the mental and social health of the patient<sup>1</sup>. In general,

*Kushta* is a *Raktapradoshaja vyadhi*, occurring as a result of predominance of *Pitta* along with *Rakta* and *Twak* as its *Adhishtana*<sup>2</sup>. Even it is considered as a *Deergha roga* because of its chronic origin, duration

and progression. Almost all the *Kushta* are occurring due to the involvement of *Tridosha* and specific presentations are as a result of the predominant *Dosha*<sup>3</sup>. There are seven important factors responsible for the occurrence of *Kushta*. They are the *Tridosha-Vata*, *Pitta*, *Kapha* and four *Dhatu-Twak*, *Lasika*, *Mamsa* and *Shonita*<sup>4</sup>. When one indulges in *Virodhi annapanani* (incompatible foods and drinks), *Drava* (excess watery food), *Snigdha guruni* (food which is fatty and very hard to digest), Suppressing *Chardi vega*, involving in *Vyayama* (excess of physical exercises) and *Atisantapat* (excess exposure to heat) immediately after having food, immersion in cold water immediately after sun exposure, performing excess work which causes tiredness, *Ajirna* (usage of uncooked food items) and *Adhyashana* (over eating), *Panchakarma* (improper administration of purificatory therapies). Excess usage of *Navanna* (fresh grains), *Dadhi* (curd), *Matsya* (fish), *Lavana amlanishevanam* (salt and sour food items). Excess consumption of *Masha* (black gram), *Mulaka* (raddish), *Pishtanna* (dry food items), *Tila* (sesame), *Ksheera* (milk) and *Guda* (jaggery). Involving in *Diwaswapna* (day sleep) in *Ajirna* (indigested state), showing disrespect to teachers, committing *Papa karma* (sinful acts) results in the increase of *Tridoshas* which will result in derangement in *Twak* (skin), *Rakta* (blood), *Mamsa* (muscles) and *Ambu* (body fluids) thereby producing *Kushta*<sup>5</sup>.

The premonitory signs and symptoms of *Kushta* includes *Sparshaghnatva*, *Atisweda na va* (excessive or absence of perspiration), *Vaivarnyata* (discolouration of skin), *Unnathi* (elevated patches), *Kota*, *Lomaharsha* (horripilation), *Kandu* (itching), *Toda* (pain), *Shrama* (physical exhaustion) and *Klama* (mental fatigue). *Vrananaam adhikam shulam* (increased pain in the wounded area), *Sheekhra utpatti* (immediate appearance) and *Chirasthiti* (persisting continuously), *Daha* (burning sensation) and *Suptaangata* (numbness of limbs)<sup>6</sup>. Even, *Asrijaha krishnata* (blackish colouration of blood) is also mentioned as *Purvarupa* in classics<sup>7</sup>.

*Kushta* is of eighteen types. Out of these, seven are *Maha kushta- Kapala*, *Audumbara*, *Mandala*, *Rishyajihva*, *Pundarika*, *Sidhma* and *Kakana*<sup>8</sup>. Other eleven

are *Kshudra kushta*. They are *Eka*, *Charma*, *Kitima*, *Vipadika*, *Alasaka*, *Dadru*, *Charmadala*, *Pama*, *Sphota*, *Shataru* and *Vicharchika*<sup>9</sup>.

Clinical features of *Dadru* is explained as *Sa kandu* (itching sensation), *Raga* (redness), *Pidaka* (pimples), *Dadrumandala* (circular patches with elevated edges)<sup>10</sup>. In another context, *Dadru* is explained as *Deergha prathaana durvad* (long and wide like the blade of *Durva* grass), *Atasi Kusuma chavi* (having colour similar to that of flower of *Atasi*), *Utsanna mandala dadru* (raised and round patch), *Kandumat anushangini* (itching persisting for a long period of time)<sup>11</sup>. *Dadru* explanation can also be seen as *Atasipushpa varnani tamrani* (like linseed flowers or coppery in colour), *Visarpaani* (spreading), *Pidakavanti cha dadrukushta* (with boils). The common features explained for *Pundarika* and *Dadru* are *Utsannata*(elevation), *Parimandalata*(round patches), *Kandu*(itching), *Chirothaanatva* (delayed appearance)<sup>12</sup>.

*Tinea corporis* is characteristic of scaly patches, which are round and erythematous. The patch spreads towards the periphery which is quite inflamed, while it tends to clear at the centre<sup>13</sup>. It is slightly pruritic ring like, erythematous papules, plaques with scaling and slow outward expansion of the border<sup>14</sup>.

#### CASE HISTORY:

A 13 year old female patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by parents with complaints of multiple reddish round patches over both the hands associated with itching since 3 months. Condition aggravates especially during intake of excess spicy food items and junk food.

#### HISTORY OF PRESENT ILLNESS:

The patient was apparently healthy 3 months back. The she developed multiple whitish round patches over the skin on both the hands, which suddenly changed its colour to reddish. From initial days, severe itching was present. For these complaints, they have consulted a nearby Physician in a hospital, where he has prescribed some ointments and lotions to be applied externally. They have tried it for a week, itching got slightly reduced, but mildly it was there. But, seen as again aggravating when spicy food items were

taken. There was no any change in colour or appearance of the patches.

This child was very fond of spicy, non-vegetarian food items, junk foods and sea foods. She even takes lot of curd. She was not willing to avoid this dietary habit, since long even after she was advised to. Slowly, they observed that in the presence of stimulating factors condition is worsening.

Even after using those medications, they did not get any satisfactory relief, for which they have decided to bring the child for a better evaluation and management in SDM College of Ayurveda and Hospital, Hassan. After a detailed interrogation with the parents

regarding the diet, life style and habits of the child and the history of her present illness and after a thorough evaluation regarding the present condition of the child, she was admitted to the Inpatient department of our hospital and planned for *Deepana pachana*, *Snehapana* and *Virechana*.

#### EXAMINATION:

**Table 1:** Assessment of general condition of the child:

Bowel	Regular
Appetite	Good
Micturition	Regular
Sleep	Sound

**Table 2: Systemic examination**

Cardiovascular System (CVS)	S1 S2 heard, no murmurs
Respiratory System (RS)	Normal Vesicular breathe sounds heard, Bilateral air entry +
Gastro intestinal System (GI)	P/A-Soft, non tender.
Integumentary	Skin colour: Normal, Type of skin lesion - patch, Texture: Dry, Location: Anterior aspect of Bilateral hands, Distribution: Throughout anterior aspect of both hands, Colour: Reddish, Itching: Severe, Discharge: No, Symmetry: B/L symmetrical

**Table 3: Chief Complaints:**

SL No.	Complaints
1	<i>Sa kandu</i> (itching sensation)
2	<i>Raga</i> (redness)
3	<i>Dadrumandala</i> (circular patches with elevated edges)
4	<i>Kandumat anushangini</i> (itching persisting for a long period of time)
5	<i>Utsanna mandala dadru</i> (raised and round patch),

#### TREATMENTS GIVEN

A single course of treatment which consists of *Prakshalana*, *Lepana*, *Deepana Pachana*, *Snehapana*, *Abhyanga*, *Nadi Sweda* and *Virechana* was given.

**Table 4: TREATMENTS GIVEN:**

##### (a) Snehana & Shodhana:

Day-1:	<i>Deepana paachana</i> with: <i>Chithrakadi vati</i> (1-1-1) before food. <i>Panchakola phanta</i> (40ml-40ml-40ml) before food.
Day-2	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (30ml) <i>Ushna jala pana</i> .
Day-3:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (70ml) <i>Ushna jala pana</i> .
Day-4:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (110ml) <i>Ushna Jala pana</i> .
Day-5:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (150ml) <i>Ushna jala pana</i>
Day-6:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (190ml) <i>Ushna jala pana</i>
Day-7,8,9:	<i>Saravanga Abhyanga</i> with <i>Yashtimadhu thaila</i> , <i>Parisheka</i> with <i>Triphala Yashti madhu kwatha</i>

Day-10:	<i>Saravanga Abhyanga</i> with <i>Yashtimadhu thaila</i> , <i>Parisheka</i> with <i>Triphala Yashti madhu kwatha</i> . <i>Virechana</i> with <i>Trivrit leha</i> (50gm) & <i>Draksha Rasa</i> (100 ml) Total number of Vegas: 14
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**(b) Prakshalana & Lepana:**

Day 1-10	<i>Prakshalana</i> with <i>Triphala Yashtimadhu kwatha</i> followed by <i>Lepana</i> with <i>Mahathikthaka lepa</i> .
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**ADVISE AT THE TIME OF DISCHARGE:**

**Table 5:** Advice at the time of discharge:

SL No.	TREATMENT
1	<i>Samsarjana Krama</i> for 5 days
2	<i>Khadhirarishta</i> (10ml with equal amount water) A/F
3	<i>Aragwadhadadi Kashaya</i> (10ml with 30ml luke warm water) B/F
4	<i>Triphala Yashtimadhu Kwatha</i> (for <i>Prakshalana</i> before bath)
5	<i>Mahathikthaka lepa</i> (for external application after bath)
6	Avoid the excess usage of spicy, salty, oily food items, fast foods and non-vegetarian food items. Sea foods, curd and egg should be totally avoided for a month.

Discharge medicines were given for a period of 15 days and again proper assessment and evaluation was done 15 days after treatment.

**OUTCOME OF THE TREATMENTS:**



**PATIENT AND CARE TAKER'S FEEDBACK:**

1. As per the mother's statement, patient was having the complaints of multiple reddish round patches over both the hands associated with itching since 3 months. Condition aggravates especially during intake of excess spicy food items, non-vegetarian food and junk food.
2. She was not able to focus much on her studies because of getting tensed about her skin changes and friends were asking regarding the same. She was even hesitant to go for playing with friends and always prefers to wear full sleeve dress so as to cover her both the hands totally.
3. They have started with medications from a Physician in a nearby hospital, which were ointments

- and lotions for external application. Even though they had started using it, itching has slightly reduced, but again aggravated when spicy food items and curd were taken. There was no any change in the colour or pattern of patches even after that external application. So, they have decided to bring the child to our hospital for better evaluation and management.
4. Here, from the very first day *Kwatha* was prescribed for wash and *Lepa* for external application after bath. After the initiation of treatment, slowly itching started reducing. From 3<sup>rd</sup> day onwards, change in the colour of the patches was noted.

5. After completion of 5 days of *Snehapana*, patches had become much lighter and dark colour started fading. Itching has totally reduced.
6. During the time of *Abhyanga* and *Parisheka*, child started feeling better especially smoothness of skin, without any itching sensation. Child has expressed a better feeling of relief.
7. After the completion of full course, the child's patches have become much more faded and the redness which was present initially has reduced. Itching got totally reduced.
8. The overall general health status of the child has improved and she was able to focus on studies and play activities better than before.

#### CLINICIAN ASSESSED OUTCOMES:

1. Multiple reddish coloured round patches present on both the hands with severe itching since 3 months was the presentation. A strong dietary habit of child was revealed by parents on interrogation. Whenever she takes lot of junk foods or spicy and non-vegetarian food, there occurs one or the other changes in her skin.
2. After understanding the details, *Snehapana* and *Virechana* were planned along with *Prakshalana* and *Lepana* externally. *Shodhana* was very much essential in this case, to give the child a better relief. Till the course of *Snehapana* for almost 10 days, child may not be able to tolerate the itching sensation which was severe. So, added with external applications, which was found effective in reducing the itching. Even colour of the patches has also reduced.
3. General health status has improved considerably.
4. Child used to skip classes for few days because of her illness, but after treatment and medications has changed her a lot and she is more active.
5. Sustained effect of *Shodhana*, with *Twagrogahara oushadhi* given after it as a preventive method had good clinical outcomes.
6. After the total course of treatment, the reddish round patches has totally faded and itching got totally relieved.
7. Diet restrictions and *Pathya Apathya* were clearly advised to the child and patient care takers, after strictly following the same had a positive change

in the child and the chances of new attacks has totally diminished.

#### DISCUSSION

In the present case the 13 year old female child was complaining of reddish white coloured patches over both the hands with continuous severe itching since 3 months. The *Lakshanas* of the patient include *Kandu*, *Raga*, *Utsanna mandala* and *Anushangini*. The *Lakshanas* like *Kandu* and *Utsanna swabhava* signified the presence of *Prakupita kapha dosha*, The *Lakshanas* like *Raga*, *Mandala* signified the presence of *Pitta dosha*. The *Sthana* of skin lesion was also *Urdhwakaya* which is the *Prakruta sthana* of *kapha*. The *Utsanna swabhava* of lesion is due to the increased *Sthira guna* of *Kapha*. The *Nidanans* were spicy food items and junk foods which is predominant in *Katu rasa*, *Ushna guna* and *Teekshna guna* of *Pitta*. The *Nidanans* showed the role of *Pitta dosha* in the *Samprapti* of the condition. So in general, the condition was diagnosed as *Dadru kushta* in *Kapha pittadhika avastha*.

Being a *Kshudra kushta* with predominance of *Kapha* and *Pitta dosha*, *Virechanam* was planned. Before *Virechanam*, *Ruksha purvaka snehapana* was done. *Abhyantara rookshanam* was done with *Chitrakadi Vati* and *Panchakola phanta* which helped in reducing the *Kapha dosha*. *Bahya rookshanam* was done in the form of *Kshalana* with *Kushta hara yogas* like *Triphala* and *Yashtimadhu*. Both *Triphala* and *Yashti madhu* are *Kaphapitta hara* and it helped in reducing the redness and itching over the lesions. To prevent the *Atiyoga* of *Rookshanam*, *Bahya lepam* was advised with *Mahatiktaka ghritam*. *Shodhanaga snehapana* was started with *Mahatiktaka ghrita*. It is mentioned in *Kushta prakarana* and moreover due to its *Tikta rasa*, it helped in *Kleda soshana* and *Kapha pitta shamana*. After attaining *Samyak snigdha lakshanas*, *Abhyanga* was done with *Yashtimadhu taila* which is *Kapha pitta hara* and *Varnya*. *Virechanam* was done with *Trivrut leham* and *Draksha rasam*. *Trivrut leham* being a *Ruksha virechana dravya* helped in reducing the *Kandu* and *Raga*. After discharge the patient was given *Aragvadadhi kashayam* with *Khadirarishtam*. *Aragvadadhi* helps in reducing

the *Kapha dosha* and thereby *Kandu*. It also provides a *Mrudu rechana* thereby helps in removing the *Shesha dosha*. *Khadirarishtam* helps in regaining the *Prakruta varna* of the *Twak* and *Khadira* is also considered as the *Agryoushadha* for *Kushta*.

## CONCLUSION

The present case was diagnosed as *Dadru kushta* due to the presence of all its *Lakshanas* like *Kandu raga utsanna mandala anushangini* etc. It was diagnosed as *Tinea corporis* from modern point of view. Being a *Kshudra kushta*, *Shodhanam* in the form of *Virechanam* was planned and administered after proper analysis of the *Doshas* and *Dooshyas*. There were significant changes in all the *Lakshanas* like *Kandu, raga, etc after Virechana*. Hence *Ruksha purvaka snehapanana* followed by *Virechana* has a significant role in the *Samprapti vighatana* of *Dadru kushta* (*Tinea Corporis*).

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