

MANAGEMENT OF SKIN DISEASE DADRU (TINEA INFECTION) THROUGH AYURVED – CASE REPORT

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ABSTRACT

Nowadays most skin diseases are caused due to bacterial or fungal infections. Skin diseases come under somatic and psychological involvement. Family and socially deprived isolation increase depression in a diseased person. In allopathic medicine, skin diseases like ringworm *i.e.*, *Tinea* infections become challenges. The reoccurrence of these diseases is very common. According to Ayurveda, all skin diseases are included under one heading of *kushtaroga*. The overall contribution of *Tinea* infection in skin diseases is about 10-20%. In the present case report of *Tinea* infection. Treatment was done by *Panchnimbadi churna*, *Gandhak rasayan*, *Panchghrit guggulu*, *Arogyavardhini vati*, *Kaishor guggulu*. After a few weeks of treatment, significant improvement was found in the patient concerning parameters like "*kandu*, *utsaana mandala*, *daha*, *raga* and *pidika*". Some of the important causes of skin disease is lifestyle related *i.e.*, lack of attention in the place of higher humidity, overpopulation and poor hygienic living conditions.

Keywords: *Ayurveda*, *Tinea*, *Utsaan mandala*, *Raga*, *Pidika*.

INTRODUCTION

In India, dermatophytosis is one of the most frequently reported skin diseases (Stern 1999), of which the majority are caused by superficial fungal infections related to *the tinea* group. Several studies have

confirmed that *tinea*¹ infection is related to the activity pattern, living condition and age groups (English et al. 1967; Mahapatra 1989; Rogers et al. 1996; Caputo et al. 2001; Vito et al. 2004). There is an extensive

description of skin diseases in Ayurveda under the headings of *Kustharoga* in Charaka Samhita. There are eighteen types of *kustharoga* which are classified into *Mahakustha* (major skin diseases ailments) and *Kshudrakustha* (minor skin diseases ailments). Skin and its appendages are the most visible part of our body hence any type of skin disease may create an emotional concern for an individual. Psychological problems are also associated with skin diseases including feelings of stress, anxiety, anger, depression, social isolation, low-esteem and embarrassment dryness of skin in old age, pruritis, hypersensitive reaction etc. Acharya Charaka has explained *Dadru* under *Kshudrakustha*. It can be diagnosed by symptoms like *pidika*, varna with *mandala* (Round patch on the basis of clinical appearance, *Dadrukustha* is mostly stimulated with dermatophytosis. The infections caused by dermatophytes are referred to as *tinea*. The *tinea* infections are prevalent globally, but they are common in tropics and may reach epidemic proportions in geographical areas with higher humidity, overpopulation and poor hygienic living conditions, Faulty diet and lifestyle, Unnecessary and Overuse of antibiotics and steroids, Excessive and improper use of chemicals- cosmetics, soap, shampoo,

deodorants. Superficial fungal infections arise from a pathogen that is restricted to the stratum corneum, with little or no tissue reaction.

Aim and Objectives: This case study aimed to provide a view on the evaluation, *Vyadhi Vinishchaya* (diagnosis) and treatment of skin disease *Dadru*.

CASE REPORT

A 63-year-old male visited skin OPD had chief complaint with --

1. Severe itching at Right side of armpit region, groin region, backside (*kandu*).
2. Formation of *Utsanna Mandala* (erythematous lesions)
3. Burning sensation at the site of lesions (*Daha*)
4. Redness (*Raga*)
5. *Pidika*
6. *Rookshata*

The patient was suffering from the above problems for four months. The patient was having irregular bowel evacuation and loss of appetite also. Previously he consulted an allopathic dermatologist for the same complaints and was diagnosed with *Tinea corporis*. He took allopathic treatment which included antifungal orally and local application for about 4 months. But there was not any significant relief.

PERSONAL HISTORY

Name—XYZ	Age- 63yrs	Sex—Male
Marital status—married	Occupation—self-employed	Diet—Non-vegetarian
Addiction—Tea 2-3 times, Tobacco	Sleep—Inadequate due to itching	Appetite—Medium
Pulse—78/mins	BP—140/90 mm Hg	Weight—65kg
Gesture colour—Fair	Temp.—Afebrile	--

Ashtavidha Pariksha:

Nadi— <i>Kaphapradhana-pitta</i>	Mala— <i>Baddha</i> (Constipation)
Shabda— <i>Spasta</i> (clear)	Sparsha— <i>Prakruta</i>
Jivha— <i>Saam</i> (Coated)	Aakruti— <i>Madhyam</i>

Local Examination: 4 – 5 circulars (1 cm in diameter), erythematous scaly eruption on right side of armpit region, groin region, backside.

Hetu (causative factors) –

- *Viruddhanna* (Incompatible food),
- excessive non-veg intake,

- *Divaswapana* (daytime sleep),
- Poor hygiene

Lakshanas (Clinical features) _ *Kandu* (Itching), *Daha* (Burning sensation)

Locally – Redness, erythematous, elevated scaly eruptions

Vyadhi Vinishchaya (diagnosis)² – Dadru

Treatment Principle:

- *Mirdu virechana*
- *Kaphavatahara chikitsa.*

Treatment regimen³:

Drug	Dose	Route	Anupana
<i>Panchnimbadi churna</i>	3gm BD after meals	Oral	Lukewarm water
<i>Aarogyavardhini Vati</i>	500mg BD, after meals	Oral	Lukewarm water
<i>Kaishore guggulu</i>	500mgBD, after meals	Oral	Lukewarm water
<i>Gandhak Rasayana</i>	125mg BD, after meals	Oral	Lukewarm water
<i>Amrita Satwa</i>	250mg BD, after meals	Oral	Lukewarm water
<i>Marichayaditaila, Kabila churna</i>	As per area of skin infected	Local application twice daily	--

- Duration –03 months.
- Follow up –After every 15 days.

Pathya – Apathya (Dietary and lifestyle requirements) – The patient was advised to

Pathya	Apathya
To maintain his hygiene	Non – vegetarian food
Wearing clean clothes, washing clothes with soaking in warm water and drying these in sunlight.	Incompatible food, Excessive oily- spicy, sour, salty food
Seasonal fruits.	Excess drying or irritation of the skin
Seasonal vegetables except for seeded vegetables.	Intake of milk and fish together, cold drinks, junk foods, fish, alcohol and smoking
Lukewarm water.	Sleeping at daytime

GRADING CRITERIA FOR ASSESSMENT

Grading criteria.

No.	Clinical feature	Grade 0	Grade 1	Grade2	Grade3
1.	Utsanna Mandala (elevated patches)	Absent	Mild elevation	Moderate elevation	Severe elevated
2.	Rookshata (Dryness)	Absent	Mild dryness	Mild	Moderate
3.	Pidika (Papules)	Absent	1-2 papules	3-6 papules	>6 papules
4.	Kandu (Itching)	Absent	Mild	Moderate	Severe
5.	Daha (Burning sensation)	Absent	Mild Burning	Moderate Burning	Severe Burning
6.	Raga (Erythema)	Absent	Mild—faint red	Blanching and red colour	Red colour

OBSERVATIONS AND RESULTS: Assessment of the patient for Dadru was done according to grading criteria, during follow up after each 4 weeks

Sr. No.	Clinical features	Before treatment	After treatment					
			1 st follow up	2 nd follow up	3 rd follow up	4 th follow-up	5 th follow up	6 th follow up
1.	<i>Utsanna Mandala</i> (elevated patches)	2	2	2	1	1	0	0
2.	<i>Rookshata</i> (Dryness)	2	2	2	1	1	1	0
3.	<i>Pidika</i> (Papules)	2	2	2	2	1	1	1
4.	<i>Kandu</i> (Itching)	3	2	1	0	0	0	0
5.	<i>Daha</i> (Burning sensation)	3	3	3	2	1	1	0
6.	<i>Raga</i> (Erythema)	3	3	2	2	1	1	0

There was significant relief in signs and symptoms of *Dadru*. There was more than 84% relief after 03 months. Also, the patient's appetite was normal and bowel evacuation became normal.

DISCUSSION

Dadru is *Kapha – Pitta* dominant disease. *Dadru* is manifested as discoloured, elevated lesions with severe *kandu* and *Rookshata*. Recurrence is possible and hence difficult to treat. It is commonly found in unhygienic and immune-compromised people. *Aacharya Sushruta* describes the color of *Dadru* lesions as like *Atasi* flower. *Pidika* is in the form of *mandala* (circular), *Utsanna* (Elevated), *Visarpanshil* (spreading in nature) and *Chirothtan* (slow progressing). In the present case treatment given was *AarogyavardhiniVati*, *Gandhak Rasayana*., *Kaishore guggulu*, *Panchnimbadi churna* with *Amrita satva* for internal application and local application; *Kabila churna*, *Marichadiyati taila* was advised. Highly significant relief was observed in *Kandu*. Also, *Raga* and *Utsanna Mandala* were significantly reduced just in 4 weeks. This may be because of *Ushnavirya*, *Kaphaghana*, *Kushthaghna*, *Kandughna*, *Raktaprasadana* properties of medicines. *Pidika* is produced due to *Kapha-Pitta* dominance. *Kandu* is sign of *Kapha*. *Tridosha* and *Rasa-RaktaDushti* are responsible for *Mandala*.

Probable mode of action of drugs⁴

1. Kaishoreguggulu – *Kaishore Guggulu* mainly contains *triphala*, *amrita* and *Guggulu* which execute *pittanashaka* and *raktashodhana* action.

2. Aarogyavardhinivati—This mainly contains *Kutaki* with other herbs-mineral compounds like *Triphala*, *Chitrak*, *Guggul*, *Nimb*, *Parad*, *Gandhak*, *Lauha Bhasma*, *Abhraka Bhasma*, *Shilajatu* and *Tamrabhasma*. These are responsible for *Lekhana*, *Bhedana* of *Dosha* and *Vatanuloman*. *Aarogyavardhini vati* is a *Kushthaghna* formulation. But it also possesses actions like *Pachana*, *Deepana*, *Malashodhana*, *Kshudha Pravartan*. So, it works for *Agndeepana*, *Doshashaman*, *Kushtanashan* and *shodhana*.

3. Gandhak Rasayana – It is a well-known, commonly used formulation mainly indicated in *Kushtaroga*. It acts as a blood purifier. It reduces *Kandu* and *Daha*, it is *Raktashodhak*, *Vranaropaka*, *Twacha*, *Krimighna*.

4. Amrita Satva-- is an immunomodulatory drug.

5. Marichadi taila – *Marichayaditaila* is an important herbo-mineral formulation. It bears *pitta* pacifying and *kapha-kleda nashaka* action. It is especially indicated in *Kandu* and *Raga*.

CONCLUSION

Dadrukustha is a skin disease that is clinically simulated with *tinea* (dermatophytosis). As it is a contagious disease, maintaining personal hygiene is very important. The present case study concludes that Ayurvedic formulations like *AarogyavardhiniVati*, *Gandhak Rasayana*, *Kaishoreguggulu*, *Panchnimbadi churna*, *Marichadi taila*, *Kabila churna* with some dietary and lifestyle changes is highly effective in the management of *Dadrukustha*. The present case was treated with *Aarogyavardhini vati*, *Gandhak rasayan*, *Kishore Guggulu*, *Panchnimbadi churna* and *Amrita satva* as internal medicine. Consent: Written informed consent was obtained from the patient.

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Before treatment



After treatment



Source of Support: Nil

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