



SUCCESSFUL AYURVEDIC MANAGEMENT OF SUPERFICIAL DERMATOPHYTOSIS -A CASE STUDY

Avinash S¹, S Thirumaleshwara Bhat², Jayashree S Bhat³

1. Consultant physician & Ph.D. Scholar, A.P.M.'s Ayurved Mahavidyalaya, Sion, Mumbai, 2. Chief Physician, 3. Consultant Surgeon, Raksha Ayurveda Hospital, Shanthimoole Nettaru, Manikkar Post Via Bellare Sullia TQ DK Karnataka 574212

Corresponding Author: avinashshanthimoole@gmail.com

<https://doi.org/10.46607/iamj4511022023>

(Published Online: February 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 29/01/2023 - Peer Reviewed: 10/02/2023 - Accepted for Publication: 19/02/2023.



ABSTRACT

Superficial fungal infections are the most common of all mucocutaneous infections, often caused by an overgrowth of the mucocutaneous microbiome. Superficial dermatophytosis affects 20-25% of the world population and is a common infective dermatosis in clinical practice¹. Though once considered an innocuous condition, fungal infections have now become a perennial and difficult-to-treat entity in India due to a higher rate of recurrences and more extensive presentations. The available conventional treatments include various topical and systemic anti-pruritic and anti-fungal agents which are associated with high rates of treatment failure and adverse effects. In this case report, a 42-year-old male patient suffering from superficial dermatophytosis for 2 years was treated effectively with Ayurvedic medicines. on the basis of presenting symptomatology was treated on the basis of 'Sidhma' a Vata Kaphaja type of Kushta and Dadru a Kaphapittaja type of Kushta. Complete recovery was observed in the skin lesion and the patient's symptoms after 41 days of regular treatment.

Keywords: *Sidhma*, *Dadru*, superficial dermatophytosis, a fungal infection.

INTRODUCTION

Fungal infections are quite common in day-to-day practice. Dermatophytosis is a superficial fungal infection that is typically limited to the upper layer of the skin. Symptoms and signs of dermatophytosis vary by the site (skin, hair, nails). Organism virulence and host susceptibility and hypersensitivity determine severity. Most often, there is little or no inflammation; asymptomatic or mildly itching lesions with a scaling, slightly raised border remit, and recur intermittently². All the skin diseases in Ayurveda have been classified under the broad heading of 'kushta' which is further categorized into *Mahakushta* & *Kshudrakushta*. *Sidhma* & *Dadru Kushta* are two of the *Kshudra Kushtas* mentioned in the classics. From a modern perspective, both come under 'Superficial fungal infections of the skin' ie. superficial dermatophytosis. It is the most common dermatological manifestation affecting up to 20-25% of the world population in all age groups.

PATIENT INFORMATION

A 42-year-old male patient came to Raksha Ayurveda Hospital, Shanthimoole Nettaru OPD with complaints of white powdery scaly lesions over the dorsal surface of the wrist, similar lesions with raised red margins over the waist region, genital area, and over the

legs associated with severe itching and occasional burning sensation and discharge since a duration of 2 years. He has been on allopathic medicines including topical application as well as steroids on and off for the past 2 years. He had no history of DM/HTN/Asthma.

On examination, the patient had powdery scaly lesions present on the dorsal aspect of the wrist, well-demarcated lesions with slightly raised margins over the waist region, genital area, and over the posterior aspect of the legs.

- Surface – Dry at the extensor and wet at the joint area.
- Skin – whitish with powdery scales over the wrist and slightly reddish coloured with powdery scales over the waist, genital area, and legs.
- Plaques – powdery scaly plaques +
- Itching – present
- Pain – absent.
- Blisters – absent.
- Demarcation – present over waist and legs
- Foul smell – absent.

OUTCOME AND FOLLOW UP

Table 1: These were the observations made when the patient came to our hospital OPD.

Complaints	Medicine	Result
On 13/8/2020		
Intense itching with powdery scaly lesions over the dorsal aspect of the wrist, well-demarcated lesions with slightly raised margins over the waist region, genital area, and over the posterior aspect of legs.	External medication – <i>Gandhaka Thaila</i> Khazna ointment Internal medication – <i>Gandhaka Rasayana</i> 2-2-2 AF <i>Khadirarista</i> 10-10-10ml AF with 20 ml water.	
Date 19/8/2020		Around a 70% reduction in itching, a slight reduction in scaling, and a slight reduction in the severity of lesions over the waist and leg.
Date 25/8/2020	Same as above + Cutis powder	Itching is present occasionally with sweating, a slight increase in lesions

		over the waist region and marked changes over the leg, and mild changes in the lesions of the wrist.
Date 7/9/2020		No itching marked reduction in all lesions
Date 15/9/2020		No itching, Mild lesions present over the wrist, and normalcy over other areas of previous lesions.
Date 22/9/2020		Complete restoration of normal skin.



DISCUSSION

Based on the clinical presentations it was diagnosed as superficial dermatophytosis, a superficial fungal infection of the skin characterized by changes due to colonization of the dermatophytes in the skin. The case presented with white powdery scaly lesions associated with severe itching and occasional burning sensation and discharge. The main presentation of itching denotes the *Kapha* dominance, while white powdery scaly lesions are the features of aggravated *Vata*. Some of the lesions had elevated margins associated with severe itching resembling the features of *Dadru Kushta* which is again a *Kapha* dominant condition with the involvement of *Pitta*. On the basis of symptomatology, the disease can be equated with *kapha-Vataja Kushta (Sidhma)* with mild vitiation of *Pitta Dosha*. So, treatment was planned by choosing

Kaphavatahara Yogas which are not *Pitta Prakopaka*.

Acharya Sushruta has mentioned the treatment as '*Lepana of Shodhana*' type because external applications form the best way to treat *Kushta*. Further, Acharya Charaka has described *Lepana* as '*Sadyah Siddhi Karaka*'. So the external application was considered for the management of the condition.

As the lesions were *Ruksha* with powdery scales a *Taila Yoga* was preferred to impart *Snigdha Guna*. *Gandhaka Thaila* is a *Yoga* prepared with *Gandhaka*, *Nimba Taila*, and *Narikela Kshira*. *Gandhaka* is having *Katu Tikta Rasa*, and *Ushna Veerya* and is said to have *Kapha Vatahara* property which is required in this particular condition. It is also said to have *Kanduhara* and *Krimighna* properties there by suitable for the condition. As per research Sulfur is said to have antifungal, antibacterial, and keratolytic activity

³ which justifies its action in the present condition. *Nimba Taila* is said to be *Krimi Kushta* and *Kaphara* in nature. Neem oil is having active principles like nimbidin and gedunin which are having antifungal activity⁴. *Narikela Kshira* is having *Snigdha* property to subside the *Rukshata* produced by the aggravated *Vata*.

Khazna ointment is having *Chakramarda Beeja*, *Gandhaka*, *Rasakarpoora*, and *Tankana* which are again having *Vatakaphahara* action, and the drugs *Chakramarda*⁵ and *Gandhaka* are having antifungal properties. *Gandhaka Rasayana* is a classical formulation that is advised for conditions like *Kandu*, and *Kushta* and is also having *Vatahara* and *Rasayana* properties and was hence chosen for the present condition.

Arista, in general, is good for *Kaphaja* conditions, and also because of its quick absorption *Khadirarista* was prescribed. *Khadirarista* is having *Tridosahara* properties and especially *Kaphahara* which was required as the main *Lakshana Kandu* mainly because of the involvement of *Kapha Dosha*. Cutis powder was prescribed as a dusting powder to control the sweating, especially for the lesions over the inguinal region as the area is prone to excessive sweating which favors the growth of fungus. It is having *Pushpanjana*, *Tankana*, *Gandhaka*, *Nimba* extract, and *Ajamoda* have antifungal properties.

CONCLUSION

This case study shows that dermatophytosis can be managed successfully with Ayurvedic intervention.

No adverse effect pertaining to the prescribed drug was reported. Ayurvedic medicines offer a good approach to managing superficial dermatophytosis even of chronic nature. As the observations are encouraging, to establish this fact the formulation and approaches can further be studied in a larger sample size.

REFERENCES

1. Verma SB, Panda S, Nenoff P, Singal A, Rudra Murthy SM, Uhrlass S, et al. The unprecedented epidemic-like scenario of dermatophytosis in India: I. Epidemiology, risk factors, and clinical features. *Indian J Dermatol Venereol Leprol* 2021;87:154-75.
2. Denise M. Aaron, MD, Dartmouth Geisel School of Medicine, Merck manuals Modified Sep 2022 <https://www.merckmanuals.com/professional/dermatologic-disorders/fungal-skin-infections/overview-of-dermatophytoses> date:26/1/2023.
3. 3.P.K. Mukherjee, K. Saha, B.P. Saha, M. Pal, J. Das. Antifungal Activities of the Leaf Extract of *Cassia tora*. *John Wiley and Sons Ltd.* 2009, 10(6), 521 – 522.
4. Gupta AK, Nicol K. The use of sulfur in dermatology. *J Drugs Dermatol.* 2004 Jul-Aug;3(4):427-31. PMID: 15303787.
5. Kausik Biswas, Ishita Chattopadhyay, Ranajit K. Banerjee* and Uday Bandyopadhyay. Biological activities and medicinal properties of neem (*Azadirachta indica*) *CURRENT SCIENCE*, VOL. 82, NO. 11, 10 JUNE 2002

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Avinash S et al: Successful Ayurvedic Management of Superficial Dermatophytosis -A Case Study. *International Ayurvedic Medical Journal* [online] 2023 {cited February 2023} Available from: http://www.iamj.in/posts/images/upload/475_478.pdf