



# AYURVEDIC MANAGEMENT OF DADRU KUSHTHA – A CASE STUDY.

<sup>1</sup>Dr. Sadhana Mrityunjay Prasad Yadav, <sup>2</sup>Dr. Sadhana A.Kulkarni, <sup>3</sup>Dr. Akshay J. Adsul

<sup>1</sup> P. G. Scholar, Kayachikitsa Department, R. T Ayurved Mahavidyala, Akola.

<sup>2</sup> Prof and HOD, Kayachikitsa Department, R. T Ayurved Mahavidyala, Akola.

<sup>3</sup> P. G. Scholar, Kayachikitsa Department, R. T Ayurved Mahavidyala, Akola.

## Abstract –

Skin is an important site of immune surveillance against the entry of pathogens and the initiation of primary immune response. Fungal Infection is a common, and at times challenging condition to manage and it is caused by a defect in skin barrier function; it is treated with Topical and Oral Anti-fungal in modern medicine with periods of relapse, which adversely affects the quality of life of patients and their families. In Ayurveda skin diseases are classified under broad term “*Kushtha Vikara*”. Symptoms of fungal infection closely resembles with *Dadru Kushtha*. Nowadays it seems there is increased resistance to routine anti-fungal drugs. So there is scope of intervention of *Ayurvedic* medicine which can control and irradiate fungal infection and prevents relapses. A 45 year male patient came with the complaints of elevated irregular ring like patches in lower back and buttock region (*Deergha pratana, Utsanna mandal*), severe itching (*kandu*), Discoloration of skin. Patient was treated with *Shaman Chikitsa* (*Aarogyavardhini Vati, Gandhak Rasayan, Kaishor Guggulu, Mahamanjishthadi kwatha*) and for local application *karanja* oil was used. Patient reported significant improvement in sign and symptoms.

**Keywords -** Ayurveda, *Dadru Kushtha*, Shaman, Skin, Fungal infection.

## Introduction

In human body, skin is the largest organ. It is not merely a covering for internal organs but is an active functional organ that performs diverse functions such as protection, sensation, immunological defense, thermoregulation, vitamin D synthesis etc<sup>1</sup>. In *Ayurveda*, all the skin diseases have been classified as *Kushtha* and it is one of the *Ashta-Mahagada*. *Kushtha* is the one which causes vitiation as well as discoloration of the skin<sup>2</sup>. *kushtha* is mainly classified into *Mahakushtha* and *Kshudra Kushtha*. *Acharya Sushruta* and *Vaghbata* has classified *Dadru* under *Mahakushtha*<sup>3,4</sup>. While *Acharya Charaka* has classified in *Kshudra Kushtha*<sup>5</sup>. It involves the clinical features like *Deergapratana, Utsanna Mandala, Kandu, Raaga, Pidakas and Anusangi* in nature<sup>6, 7</sup>. *Ayurvedic* classics have considered each type of *Kushtha* to be a *Tridoshaja* manifestation. According to *Acharya Vaghbata* and *Charaka* *Dadru* is caused due to vitiation of *Kapha – Pitta Dosha*<sup>8,9</sup> on the other hand *Acharya Sushruta* said it is due to *Kapha dosha*<sup>10</sup>. In contemporary medicine, *Dadru kushtha* is correlated to Fungal infection that is *Tinea*.

Fungal skin diseases are extremely common, with nearly a billion people worldwide estimated to suffer from dermatomycoses or fungal infections of the skin, hair, and nails. The frequency of some fungal skin diseases is greater in lower-socioeconomic regions because of crowded living conditions, close proximity to animals, and

poor hygiene. In 2016, fungal skin diseases were ranked fourth highest in the incidence of disease (2.1 billion cases) when compared to 328 different diseases and injuries globally <sup>11</sup>.

The prevalence of this infection is ~2% among young adults and increases to 20% among individuals 40-60 yrs of age. 39% of world population is suffering from Tinea. In India also 5 out of 1000 people are suffering from Tinea infection <sup>12</sup>.

## Material and Method

### Aim –

To study case of *Dadru* through *Ayurvedic* management.

### Objective-

- 1) To manage the case of *Dadru* through *Ayurvedic Shaman Chikitsa*.
- 2) To study the *Nidan panchak* of *Dadru* in detail.

### Case Report

A male with 45 years of age came to *Kayachikitsa* OPD of R. T. Ayurved Mahavidyalaya, Akola, Maharashtra with the following main complaints :

- 1) Elevated irregular ring like patches in lower back and buttock region (*Deergha pratana, Utsanna mandal*)
- 2) Scaly formation.
- 3) Severe itching (*kandu*)
- 4) Discolouration of skin.

Patient was suffering from the above complaints since 2 years.

Patient already took oral and local antifungal modern medicines which got him relief from itching for time being but after stopping the medicine the patches reappeared with increased discoloration/redness. Then patient came to the OPD for *Ayurvedic* treatment.

### Past History

- 1) No H/O any major illness.
- 2) No H/O any drug allergy or any previous surgery.

### *Asthavidha Pariksha*

- 1) *Nadi* - 70/ min
- 2) *Mala - Niram* (Once a day)
- 3) *Mutra - Samyak*. (4-5 times in a day)
- 4) *Jivha - Saam*
- 5) *Shabd - Spastha*.
- 6) *Sparsh - Ishat Ushna*.
- 7) *Drik - Prakrut*.
- 8) *Akriti - Madhayam*.

### General Examination

- 1) BP – 130/80 mm of hg.
- 2) Temperature- Afebrile.
- 3) Weight – 64 kg.

- 4) CVS – S<sub>1</sub> S<sub>2</sub> Normal.
- 5) CNS – Conscious and Oriented.
- 6) RS – Clear.

### Local examination

- 1) Lesion site - lower back and buttock region
- 2) Margin - ill defined.
- 3) Distribution - widely spread and irregular.
- 4) Surface - Scaly, dull and elevated.
- 5) Severe dryness of skin.

**Table no 1. Criteria for gradation**<sup>13</sup>

Sr. No.	Parameters	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
1	<i>Kandu</i> (Itching)	No itching	Occasionally present, Relive spontaneously	Relive by itching, Don't disturbs routine work	Disturbs routine Works, Don't disturbs sleep.	Intense and continuous. Disturbs routine work and sleep.
2	<i>Raga</i> (Erythema)	No color change	Faint and near to normal	Blanching and red	Red	Black/Vilolace black color
3	<i>Pidika</i> (Eruption)	No <i>Pidika</i>	1-3 <i>Pidika</i>	4-6 <i>Pidikas</i>	<10	>10
4	Size of <i>Mandala</i> (Lesion)	Below 0.5-1 cm	1-3 cm	<5 cm	5-10cm	>10cm
5	No. Of <i>Mandala</i>	No <i>Mandala</i>	Only lesion	1-3 Lesions	4-6 Lesions	>7 lesions

**Table no 2. Score Before treatment and After treatment**

Sr. No	Parameters	Before treatment	During treatment (2 months)	After treatment (4 months)
1	<i>Kandu</i> (Itching)	4	2	1
2	<i>Raga</i> (Erythema)	4	4	1
3	<i>Pidika</i> (Eruption)	4	4	3
4	Size of <i>Mandala</i> (Lesion)	4	4	3
5	No. of <i>Mandala</i>	4	4	3

### *Nidanapanchak*

- 1) *Hetu* – *Viruddh-ahara*, *Ati lavan ras sevan*, poor hygienic condition.
- 2) *Purvarupa* – Itching and Redness in lower back and buttock region.
- 3) *Rupa* – Patchy, Scaly and elevated Lesions.
- 4) *Anupashaya* – Increase in Summer and Rainy season.
- 5) *Samprapti* – According to *Acharya Charaka*, *Hetu sevan* leads to vitiation of *tridoshas* and thus the vitiated *Doshas* will get *Ashraya* in *Twak*, *Rakta*, *Mamsa* and *Ambu* causing the *Shaithilyata* in these *Dhatus* leading to the manifestation of *Kushtha*.

**Samprapti ghatak –**

- 1) *Dosha – Kushtha is Tridoshaja. Dadru is Kapha-Pitta pradhan Vyadhi* as mentioned by all Acharyas except Acharya Sushruta who describes it as *Kapha pradhan Vyadhi*.
- 2) *Dushya – Twaka, Rakta, Mamsa and Ambu.*
- 3) *Strotas – Rasavaha, Raktavaha.*
- 4) *Strotodushti – Sanga.*
- 5) *Adhishthan – Twaka.*
- 6) *Swabhav – Chirkari.*
- 7) *Rogmarga – Bahya.*

**Table no 3. Treatment Plan**

Sr. No.	Medicine	Matra	Dosage	Kala	Anupan	Duration	Route of administration
1	<i>Arogyavardhini vati</i>	250 mg	BD	Paschatbhakt	Koshnajala	4 months	Oral
2	<i>Gandhak Rasayan</i>	250 mg	BD	Paschatbhakt	Koshnajala	4 months	Oral
3	<i>Kaishor Guggulu</i>	250 mg	BD	Paschatbhakt	Koshnajala	4 months	Oral
4	<i>Mahamanjishthadi kwatha</i>	20 ml	BD	Paschatbhakt	Jala	4 months	Oral
5	<i>Karanja oil</i>		BD			4 months	Local application

(*Arogyavardhini vati* : 40 days medicine continued and 15 days gap was taken for 4 months.)



Before Treatment



During Treatment (2 months)



After treatment (4 months)

### Discussion –

Ayurveda has mentioned 2 types of *Chikitsaupakrama* for *kushtha* which is *Shodhana* and *Shamana Chikitsa*. The first line of treatment is *Nidana Parivarjana*. For *Shamana chikitsa*, *Arogyavardhini vati*, *Gandhaka Rasayana*, *Kaishor Guggulu*, *Mahamanjishthadi kwatha* are used along with local application of *Karanja Oil*.

*Arogyavardhini Vati* - *Rakta Dushti* and *Kleda* are the main components of *Kushtha Vyadhi*. The *Rasa Raktagamitva* and *Kushthaghna* effect of *Arogyavardhini* is augmented as the unique typical combination of drugs used in the formulation, are subjected to *Bhavana* of *Kandughna* and *Kushthaghna Nimba*. The function of scraping away the stagnant and accumulated *Dosha* and removing them out of the body is achieved by *Arogyavardhini* <sup>14</sup>.

*Gandhaka Rasayana*, it has properties like *Vrishya*, *Deepana*, *Pachana*, *Rasayana*, *Shoshan*, *Vishaghna*, *Krimighna*, *Pleehagna*, *Balya*, *Aamdoshanashak* and it is used in *Kushtha*, *Kandu*, *Visarpa*, *Jwara*, *kasa*, *Shwasa*, *Dadru*, *Kshaya*, *Amajeerna*, *Garavisha*. due to it being *Madhura*, *Katu*, *Tikta*, *Kashyarasa*, *Sara*, *Snigdha*, and *Kapha-Vatahara* in nature and its pharmacodynamic action <sup>15</sup>.

*Kaishor Guggulu* is *kushthaghna*, *Tridoshghna*. The main ingredient are *Guduchi*, *Triphala* and *Trikatu* which when combined with *Guggulu* acts as detoxifying and rejuvating effect. This drug is useful for *Shaman* of deep seated vikrut Pitta <sup>16</sup>.

*Mahamanjishthadi kwatha* was used for the improvement and maintains the quality of blood because it is made up of the *dravyas* like *Manjishtha*, *Haridra*, *Daruharidra* etc. with *Madhura Tikta*, *Kashaya Rasa*, *Guru*, *Ruksha Guna*, *Ushna Virya*, *Katu vipaka*. All the drugs are having properties like *Varnya*, *Kapha pittashamak*,

*Shothahar, Kushtaghna, Vranropak, Raktashodhak, Vedanashamak, kandughna, dahaprashaman.* As it is indicated in *Kushtha roga*<sup>17,18</sup>.

*Karanja* has *Ushna Veerya* it reduces *kandu*. It has anti-inflammatory, analgesic, anti-plasmodial, anti-diarrhoeal, anti-fungal, anti-ulcerogenic, anti-hyperglycemic, anti-lipidperoxidative, anti-ulcer, anti-hyperammonic and antioxidant activity<sup>19</sup>.

### Conclusion –

This case report concludes that Ayurvedic management with external and internal applied medicines i.e *Arogyavardhini vati, Gandhaka Rasyana, Kaishor Guggulu, Mahamanjishthadi kwatha* along with local application of *Karanja* Oil were found safe and effective in the management of *Dadru* and improves patients quality of life. There was significant reduction in the colour, size, spread of *mandala*, itching, Scaly texture of skin with use of mentioned medicine. In this Case study, concludes that uses of Ayurvedic Medicines in *Dadru* are very effective.

### References -

- 1)Munjaj YP, API textbook of Medicine volume 1, 9<sup>th</sup>, Association of Physicians of India, 2012, 462.
- 2) Ashtanga Hrudyam, Dr. Brahmanand Tripathi, Nidansthan adhyaya 14,verse 3, Delhi, Chaukhambha Sanskrit Pratisthan, Reprint 2017,page no. 527.
- 3) Sushrut Samhita, Kaviraj Ambikadutta Shastri, Nidansthan adhyaya 5,verse 5, Varanasi, Chaukhambha Sanskrit Sansthan, Reprint 2021,page no. 320.
- 4) Ashtanga Hrudyam, Dr. Brahmanand Tripathi, Nidansthan adhyaya 14,verse 10, Delhi, Chaukhambha Sanskrit Pratisthan, Reprint 2017,page no. 527.
- 5) Charaka Samhita, Dr. Brahmanand Tripathi, Chikitsasthan adhyaya 7,verse 23-24, Varanasi, Chaukhambha Surbharti Prakashan, 2012, page no. 305.
- 6) Charaka Samhita, Dr. Brahmanand Tripathi, Chikitsasthan adhyaya 7,verse 24, Varanasi, Chaukhambha Surbharti Prakashan, 2012, page no. 305.
- 7) Ashtanga Hrudyam, Dr. Brahmanand Tripathi, Nidansthan adhyaya 14,verse 24, Delhi, Chaukhambha Sanskrit Pratisthan, Reprint 2017,page no. 530.
- 8) Charaka Samhita, Dr. Brahmanand Tripathi, Chikitsasthan adhyaya 7,verse 30, Varanasi, Chaukhambha Surbharti Prakashan, 2012, page no. 306.
- 9) Ashtanga Hrudyam, Dr. Brahmanand Tripathi, Chikitsasthan adhyaya 14, verse 9, Delhi, Chaukhambha Sanskrit Pratisthan, Reprint 2017,page no. 528.
- 10) Sushrut Samhita, Kaviraj Ambikadutta Shastri, Nidansthan adhyaya 5,verse 8, Varanasi, Chaukhambha Sanskrit Sansthan, Reprint 2021,page no. 321.
- 11) Katelyn Urban, MPAS, Sherman Chu, Christian Scheufele, Rachel L. Giesey, Sino Mehrmal, Prabhdeep Uppal, MS and Gregory R. Delost. The global, regional, and national burden of fungal skin diseases in 195 countries and territories: A cross-sectional analysis from the Global Burden of Disease Study 2017. PMID: PMC8362308, PMID: 34409349, [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8362308/#\\_ffn\\_sectitle](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8362308/#_ffn_sectitle)
- 12) Dr. Kusum Mahajan, Dadru kushtha with reference to Tinea (Fungal infection / Ringworm infection) – A conceptual study, Indian Journal of Applied research, Volume 10, Issue 5, May 2020, page no. 67.
- 13) Dr. Snehal A Majalekar, Ayurved management of Dadru kushtha: A Case series, World journal of Pharmaceutical and Medical research, Volume 7,Issue 2, 2021, page no. 202.

- 14) Dr. Ruhi Kotadiya, A Theoretical Review on Arogyavardini Vati, Ayurpub, International Ayurved Publication, Jan-Feb 2022, Vol VII, Issue 1,
- 15) Debasis Pani Grahi, Pharmaceutico Therapeutics of Sulphur (Gandhak) an Ayurvedic review, Journal of Biomedical and Pharmaceutical Research, Vol 7, Issue 2, March – April 2018, Page no 57, ISSN 2279-0594.
- 16) Sharangdhar samhita, edited by Gangadhar sathe, khand 2, adhyay 7/98, Reprint edition 1983, pg no.158.
- 17) Sarangadhara Samhita, by Pandit Sarangadharacharya, Madhyam khanda, Chapter 2, page no 162, 4<sup>th</sup> edition, 2000, Chaukhambha Orientalia, Varanasi.
- 18) Dr. Dhalpe Suchita Jayant, Role of Jalukavcharan and Mahamanjishthadi kwatha in the management of Mukdushika w.s.r to Acne Vulgaris - A Case Study, International Journal of Research – Granthalaya, Volume 6, Issue 8, August 2018, page no. 30.
- 19) Kumar Vijendra, Gupta Shilpy, Pharmacological Evaluation and action of Karanja patra Kalka Siddha Taila in striae gravidarum, World Journal of Pharmaceutical Research, Vol 7, Issue 7, 2018, page no 2051, ISSN 2257- 7105.

