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 Saka kundu, Raga, Pidaka, Dadru mandala. Its clinical features are Saka kundu, Raga, Pidaka, Dadru mandala. In another context, Deergha prathaana durvad, Atasi Kusuma chavi, Ut-sanna mandala dadru, Kandumar anushangini. Dadru explanation can also be seen as Atasipushpa varnani tam-rani, Visarpaani, Pidakavanti cha dadru kushta. 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 examination 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 patient¹. In general, Kushta is a Raktapradoshaja vyadhi, occurring as a result of predominance of Pitta along with Rakta and Twak as its Adhishtana². 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 Dosha³. 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 Shonita⁴. 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), Supressing 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 lately after having food, consumption of Masha (black gram), Mulaka (raddish), Pishtanna (dry food items), Tila (sesame), Ksheera (milk) and Guḍa (jaggery). Involving in Divaswapna (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 Kushṭa⁵.

The premonitory signs and symptoms of Kushta includes Sparshaghana, Atisveda 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). Vramanaam adhikam shulam (increased pain in the wounded area), Sheekhra utpatti (immediate appearance) and Chiraśthiti (persisting continuously), Daha (burning sensation) and Suptaangata (numbness of limbs)⁶. Even, Asrijaha krishnata (blackish colouration of blood) is also mentioned as Purvarupa in classics⁷. Kushta is of eighteen types. Out of these, seven are Maha kushta- Kapala, Audumbara, Mandala, Rishyajjha, Pundarika, Sidhma and Kakana⁸. Other eleven are Kshudra kushta. They are Eka, Charma, Kitima, Vipadika, Alasaka, Dadru, Charmadala, Pama, Sphota, Shatara and Vicharchika⁹.

Clinical features of Dadru is explained as Sa kandu (itching sensation), Raga (redness), Pidaka (pimples), Dadrumandala (circular patches with elevated edges)¹⁰. 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)¹¹. 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)¹².

Tinea corporis is characteristic of scaly patches, which are round and erythematosus. The patch spreads towards the periphery which is quite inflamed, while it tends to clear at the centre¹³. It is slightly pruritic ring like, erythematos papules, plaques with scaling and slow outward expansion of the border¹⁴.

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>
<thead>
<tr>
<th>Table 1: Assessment of general condition of the child:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bowel</strong></td>
</tr>
<tr>
<td><strong>Appetite</strong></td>
</tr>
<tr>
<td><strong>Micturition</strong></td>
</tr>
<tr>
<td><strong>Sleep</strong></td>
</tr>
</tbody>
</table>

**Table 2: Systemic examination**

<table>
<thead>
<tr>
<th>Cardiovascular System (CVS)</th>
<th>S1 S2 heard, no murmurs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory System (RS)</td>
<td>Normal Vesicular breathe sounds heard, Bilateral air entry +</td>
</tr>
<tr>
<td>Gastro intestinal System (GI)</td>
<td>P/A-Soft, non tender.</td>
</tr>
<tr>
<td>Integumentary</td>
<td>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</td>
</tr>
</tbody>
</table>

**Table 3: Chief Complaints:**

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

**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 | Deepana paachana with: Chithrakadi vati (1-1-1) before food. Panchakola phanta (40ml-40ml-40ml) before food. |
| Day-2 | Snehapana with Mahathikthaka Ghrita (30ml) Ushna jala pana. |
| Day-3: | Snehapana with Mahathikthaka Ghrita (70ml) Ushna jala pana. |
| Day-4: | Snehapana with Mahathikthaka Ghrita (110ml) Ushna Jala pana. |
| Day-5: | Snehapana with Mahathikthaka Ghrita (150ml) Ushna jala pana |
| Day-6: | Snehapana with Mahathikthaka Ghrita (190ml) Ushna jala pana |
| Day-7,8,9: | Saravanga Abhyanga with Yashtimadhu thaila, Parisheka with Triphala Yashti madhu kwatha |
Day-10: Saravanga Abhyanga with Yashtimadhu thaila, Parisheka with Triphala Yashti madhu kwatha. Virechana with Trivrit leha (50gm) & Draksha Rasa (100 ml)
Total number of Vegas: 14

(b) Prakshalana & Lepana:

Day 1-10  Prakshalana with Triphala Yashtimadhu kwatha followed by Lepana with Mahathikthaka lepa.

ADVISE AT THE TIME OF DISCHARGE:

Table 5: Advice at the time of discharge:

<table>
<thead>
<tr>
<th>SL No.</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Samsarjana Krama for 5 days</td>
</tr>
<tr>
<td>2</td>
<td>Khadhirarishta (10ml with equal amount water) A/F</td>
</tr>
<tr>
<td>3</td>
<td>Aragwadhadadi Kashaya (10ml with 30ml luke warm water) B/F</td>
</tr>
<tr>
<td>4</td>
<td>Triphala Yashtimadhu Kwatha (for Prakshalana before bath)</td>
</tr>
<tr>
<td>5</td>
<td>Mahathikthaka lepa (for external application after bath)</td>
</tr>
<tr>
<td>6</td>
<td>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.</td>
</tr>
</tbody>
</table>

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:

(a) Before Treatment:  (b) On 5th day:  (c) After Treatment:

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 3rd 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 Prakashalana 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 Urdhwa-kaya which is the Prakruti sthana of kapha. The Utsanna swabhava of lesion is due to the increased Sthira guna of Kapha. The Nidanas were spicy food items and junk foods which is predominant in Katu rasa, Ushna guna and Teekshna guna of Pitta. The Nidanas showed the role of Pitta dosha in the Sampripti of the condition. So in general, the condition was diagnosed as Dadru kushta in Kapha pittdhika 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 lepa was advised with Mahatiktaka ghritam. Shodhanaga snehapana was started with Mahatiktaka ghrita. It is mentioned in Kushta prarakara 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 Aragyadhadi kashayam with Khadirarishtam. Aragyadhadi 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 Prakrutha 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 Raksha purvaka snehapanama followed by Virechana has a significant role in the Samprapti vighatana of Dadru kushta (Tinea Corporis).

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