AYURVEDIC MANAGEMENT OF DADRU KUSTHA VIS-À-VIS TINEA CORPORIS: A CASE STUDY

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ABSTRACT

Skin is an important and most visible organ of our body. Any disease related to skin can create physical as well as psychological problems in an individual. Skin diseases are mostly caused by infections like bacteria, fungi etc. Tinea corporis is a frequently occurring skin disease, especially with poor hygienic conditions. Tinea infections contributes about 10-20% of overall skin diseases. On the basis of clinical symptoms, tinea simulates with dadru kustha. In the present study, a case of dadru kustha vis-à-vis tinea corporis has been treated with aarogyavardhini vati, kaishore guggulu and marichadi taila. After two weeks of treatment, significant improvement has been observed in parameters like kandu (itching), daha (burning sensation), rookshata (dryness), raga (erythema), pidika (eruptions) and utsaana mandala (elevated circular skin lesion).

Keywords: Aarogyavardhini vati, Dadru kustha, Kaishore guggulu, Marichadi taila

INTRODUCTION

Skin is a vital sense organ of our body which executes various physiological functions and it also prevents invading pathogens. Skin and its appendages are the most visible part of our body and any skin disease will create an emotional concern for an individual. Skin diseases can affect an individual at any age. Common psychological problems associated with skin disease include feelings of stress, anxiety, anger, depression, shame, social isolation, low self-esteem and embarrassment¹.

There is a wide and extensive description of skin diseases in Ayurveda. Under the heading of kustha roga, different skin related disorders have been explained in Ayurveda treatises. Kustha is also considered as one of the eight mahagada (dreadful diseases)²,³. There are eighteen types of kustha roga which are classified in to Maha kustha (major skin ailments) and Ksudra kustha (minor skin ailments).

Dadru is classified as a ksudra kustha by Acharya Charka⁴ and maha kustha by Acharya Sushruta⁵. Clinical features of dadru kustha are kandu (itching), raga (erythema or redness), pidika (eruptions) and utsaana mandala (elevated circular skin lesion)⁶. It is a tridoshaja vyadhi with predominant vitiation of pitta and kapha dosha⁷. Intake of incompatible and contaminated food, suppression of natural urges, drinking cold or chilled water just after exposure to sunlight or after doing physical work, daytime sleeping and excessive intake of salty or acidic food items are described as causative factors for the disease⁸. On the basis of clinical appearance, dadru kustha is mostly simulates with ‘dermatophytosis’.

The dermatophytes are a group of
closely related fungi that have the capacity to invade keratinized tissue (skin, hair, and nails) of humans and other animals to produce an infection, dermatophytosis, commonly referred to as ringworm. The infections caused by a dermatophyte (species of fungi belonging to the genera Trichophyton, Microsporum, or Epidermophyton) are referred to as tinea. Ringworm involving body, arms and legs is termed as tinea corporis. Tineais a Latin word for worm or grub because the infections were originally thought to be caused by worm-like parasites (Brooks et al. 2007). The tinea infections are prevalent globally but they are common in tropics and may reach epidemic proportions in geographical areas with higher humidity, over-population and poor hygienic living conditions.  

CASE STUDY
A 55 year old male, gardener by profession, with chief complaint of red and circular patches over the chest and left thigh visited the O.P.D dated on 15.08.2015. Patient has been suffering from this problem since 4 months. Itching, burning sensation are other associated symptoms. Patient is also having irregular or incomplete evacuation of stools. Previously, he consulted an allopathic dermatologist for the same and was diagnosed with tinea corporis. He took allopathic treatment which includes both systemic & topical medication and also experienced significant relief initially. But after sometime, such circular and red patches with itching & burning sensation reappear on the previous site. Patient is a known case of hypertension since 5 years and he is taking tablet amlodipine 5 mg, once daily.

On examination, there are 7-8 circular (1 cm in diameter), erythematous plaque with some vesicular eruptions over the chest area. Another single circular raised and scaly erythematous plaque, 3-4 cm in diameter, is present on the anterior aspect of left thigh. Other physical parameters are normal. After clinical examination, patient is diagnosed with dadru kushta and advised to take oral medication i.e. Aarogyavardhini vati, kaishore guggulu, and external application of marichadi taila.

MATERIAL AND METHODS
Table No 1: In the present case study, following treatment has been given to the patient:-

<table>
<thead>
<tr>
<th>S.no</th>
<th>Name of the medicine</th>
<th>Dose</th>
<th>Route</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Arogyavardhini vati</td>
<td>500 mg, twice a day, after meals.</td>
<td>Oral</td>
<td>Koshna jala (luke warm water)</td>
</tr>
<tr>
<td>2.</td>
<td>Kaisore guggulu</td>
<td>500 mg, twice a day, after meals.</td>
<td>Oral</td>
<td>Koshna jala (luke warm water)</td>
</tr>
<tr>
<td>3.</td>
<td>Marichadi taila</td>
<td>As per area of skin lesion.</td>
<td>External application over the chest and thigh, twice daily (morning and bed time)</td>
<td>___</td>
</tr>
</tbody>
</table>

Case follow- up – Assessment of the skin lesions was done on first visit and patient follow up was done weekly, for the consecutive two weeks. Dietary and lifestyle modifications- Patient is advised to avoid incompatible food items, junk/fast food, excessive oily-salty-spicy food. Patient is advised to avoid day-time sleep. Patient is suggested to maintain personal hygiene.
by wearing loose fitting clean clothes and change clothes two times a day.

**Assessment parameters with their grading:**

1. **Kandu** (Itching) –
   - Grade 0 – Absent
   - Grade 1 – Mild or Occasional Itching
   - Grade 2 – Moderate Itching
   - Grade 3 – Severe Itching

2. **Raga** (Erythema) –
   - Grade 0 – Absent
   - Grade 1 – Mild redness (pinkish appearance)
   - Grade 2 – Moderate redness
   - Grade 3 – Deep brown appearance

3. **Daha** (Burning sensation) –
   - Grade 0 – Absent
   - Grade 1 – Mild burning sensation
   - Grade 2 – Moderate burning sensation
   - Grade 3 – Severe burning sensation

4. **Utsanna mandala** (Elevated circular skin lesion) –
   - Grade 0 – Absent
   - Grade 1 – Mild elevated lesion
   - Grade 2 – Moderate elevated lesion
   - Grade 3 – Severe elevated lesion

5. **Pidika** (Eruption) –
   - Grade 0 – Absent
   - Grade 1 – 1-3 eruptions
   - Grade 2 – 4-7 eruptions
   - Grade 3 – > 7 eruptions

6. **Rookshata** (Dryness of skin) –
   - Grade 0 – Absent
   - Grade 1 – Mild rookshata
   - Grade 2 – Moderate rookshata
   - Grade 3 – Severe rookshata

**RESULTS**

In this case study, there is slight variation in the presentation of tinea corporis lesion over chest and thigh. Therefore, effect of treatment has been observed separately. Ayurvedic treatment has been given for 14 days and improvements seen in the different parameters are as follows:

1. Improvement in lesion over the chest
2. Improvement in lesion over the thigh

![Graph showing improvement in lesion over the thigh](image)

DISCUSSION

In the present case study, significant relief has been observed in symptoms like Kandu, Daha and Pidika at both skin lesions. Rookshata which is a predominant feature of skin lesion at thigh has been completely alleviated after the treatment. Utsanna mandala (circular elevated skin lesion) is present at both the sites of dadru kustha which has also shown a significant improvement. During the study, a significant improvement has also been observed in appetite and bowel habits.

**Probable mode of action of drugs**

Aarogyavardhini vati is a well known, extensively used ayurvedic formulation indicated in kustha roga. This formulation mainly contains trivrita with other herbo-mineral compounds like nimba, triphala, abhraka bhasma, tamra bhasma etc which performs pitta virechana, kapha shaman and vata anulomana. It also posses wide range of actions like deepana, pachana, medohara and tridosha shamaka. As acharya chakrapani has mentioned that alleviation of doshas in kustha by shodhana should be done in deliberately and repeatedly. Aarogyavardhini vati is an effective formulation for such purpose.
Kaishore guggulu mainly contains triphala, amrita and guggulu which execute pitta nashaka and rakta shodhana action. It is indicated in all types of kustha roga and also have kanti karaka (enhance beauty and lustre of skin) action\textsuperscript{12}. Marichadi taila is an important herbo-mineral formulation which contains maricha, trivrita, raktachandana, haridra, mustaka, gomutra etc. It bears pitta pacifying and kapha-kleda nashaka action. It is especially indicated in kandu (itching) & raga (erythema)\textsuperscript{13}. Kustha with predominant kapha-pitta are described as krichhasadhya (difficult to cure)\textsuperscript{14}, therefore dietary, lifestyle and hygienic amelioration along with ayurvedic treatment is essential in the management as well as prevention from its recurrence of dadru kustha.

CONCLUSION

Dadru kustha is a common skin disease which clinically simulates with dermatophytosis or tinea. As it is a contagious disease, maintaining personal hygiene is an important part in its management. The present case study concludes that use of ayurvedic medicines like aarogyavardhini vati, kaishore guggulu and marichadi taila in dadru kustha with some dietary & lifestyle amelioration is very effective in the management of dadru kustha.

REFERENCES

2. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita,Chakrapani Commentary, Indriya sthana, Chapter 9, Yasasyanimmitiyingriyam, Verse no.9, Varanasi, Chaukhambha Surbharti Prakashan, p. 368, Reprint 2011.
8. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita,Chakrapani Commentary, Chikitsasthan, Chapter 7, Kustha chikitsa, Verse no.4-8, Varanasi, Chaukhambha Surbharti Prakashan, p. 450, Reprint 2011.
9. Irene weitzman and richard c. Summerbell, the dermatophytes, clinical microbiology reviews, p. 240–259 vol. 8, no. 2 April 1995.


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