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AYURVEDIC MANAGEMENT ON DADRU (TINEA INFECTION)-A CASE REPORT.

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ABSTRACT:

Skin diseases are being considered as a major health problem in children, as it leadsto discomfort and significant morbidity among them. Skin diseases have been comprehended underthe heading of Kushta in Ayurveda. Dadru Kushta is common skin infestation. Dadru Kushta is being aKshudra Kushta has Kapha Pitta dominance. Skin diseases are the major reason behind social stigma and it can affect the physical, psychological and social wellbeing of the patient. Dadru is one of the Kshudra Kustha as per the Charak Samhita and it's been considered under the heading of Mahakusthaas per the reference of Sushruta Samhita. Dadru shows the features of Raga, Pidaka,and Mandala. It is having predominance of Kapha-Pitta Dosha. Though it is highly contagious skin disease as per the reference of Sushruta Samhita it can be compared with fungal infections under the heading of Tinea corporis which is extremely common dermatophyte infection In modern science the clinical manifestation of Dadru is closely similar to local fungal infection/tinea infection which is affecting up to 15% of population.Excessive severe itching and red patches are the common clinical manifestation which can be diagnosed by Darshana and Prashana Pariksha.This is a case study of 9 year female child brought by her parents to Balroga OPD having complaints of Raga (Erythema), Kandu (Itching), Pidka (Granular surface), Utsanna Mandal (Circular elevation of skin). Patient was diagnosed with Dadru (Tinea infection) and managed by Shaman Chikitsa i.e., external application of Malhara & Arogyavardhini vati. Treatment for 21 days along with Pathya-Apathya mentioned in Ayurvedic text was followed.The patient got speedy recovery from all the symptoms of Dadru within 15 days. Classical Dadru Chikitsa mentioned in Ayurveda text is effective in the management of Tinea infection.

Keywords: Dadru Kushta, Pitta Dosha, Kapha Dosha, Balroga,Tinea infection, Ayurveda.

Introduction

Skin is the largest organ of human body. Its size and external location makes it susceptible to wide variety of disorders. In recent years, there has been a considerable increase in the incidence of skin problem in the tropical and developing countries like India.^[1] Tinea is commonest dermatophytes infection is also known Ring worm largely affecting the population. It can be superficial or deep, later one only affecting the topical climates and in immune compromised patients, mode of transmission of this is via contaminated soil, animals or by humans (Anthropophilic) infection. All the skin diseases in Ayurveda have been classified under the broad heading of 'Kushta' which are further classified into Mahakushta and Kshudrakushta. Dadru is one among the Kushta.^[2] Acharya Charaka has included Dadru in KhsudraKushta,^[3] whereas Acharya Vagbhata and Acharya Sushruta have explained under Mahakushta.^[4,5] In broad sense Kushta is the one which causes vitiation as well as discoloration of the skin.^[6] As per modern perspective disease Dadru comes under "Superficial fungal infection of skin" the most common dermatological manifestation affecting upto 15% of world's population in all age group.^[7] Dadru is a type of Kushta and analogues with Dermatophytosis or fungal infection or Tinea (ringworm) infection in contemporary science. Dermatophytosis has become a significant health problem affecting children, adolescents and adults world wide.

Aim and Objectives -

1. To evaluate, elaborate and discussion of etiological factors and method of diagnosis of Dadru.
2. To give complete protocol of ayurvedic management.

Case Report

Age: 9 year

Gender: Female

Education: School going

Socioeconomic status: Lower economic status

Presenting Complaints-

1. Raga (Erythema) - since 20 days
2. Kandu (Itching) -20 days
3. Pidka (Granular surface)- 15 days
4. Utsanna Mandal (Circular elevation of skin)-15 days

Past History

Same complaints present since 20 days

No H/O any major illness

No H/O any drug allergy

Past Treatment History-No any drug taken orally and locally

Local examination-

- 1.Site of lesion-Rt. side of lower waist
- 2.Distribution (vyapti)Circular appearance with patch
- 3.Itching (kandu)Severe itching present
- 4.Erythema (raga)Moderate

AshtavidhaPariksha-

- 1.Nadi 78/min
- 2.Mala-Malavshatamba
- 3.Mutra-Niyamit
- 4.Jivha-Saam
- 5.Shabda-Spashta
- 6.Sparsha-Ushna
- 7.Druka-Prakrut
- 8.Akruti-Krusha

Materials and Methods**Treatment Given:**

- 1.Gandhaka Malhara^[8] for local application- twice a daily * 21 days
- 2.Arogyavardhini vati 125mg 1 BD-after food with lukewarm water *21 days

Contents of the drug Gandhaka Malhara.

- 1.Sikta Taila 72 gm
- 2.Shuddha Gandhaka 6 gm
- 3.Suddha Girisindhoora 6 gm
- 4.Suddha Tankana 2 gm
- 5.Karpura 2 gm

Preparation of Malhara

Above-mentioned quantity of Sikta Taila is taken in vessel and subjected to mild heat. Other ingredients are powdered finely and kept separately. When the Sikta Taila melts it is taken and continuously stirred with a spoon. Now the ingredients i.e., Gandhaka, Gira sindhoora, Tankana and Karpura are mixed together and added to the Sikta Taila with continuous stirring. After adding all the contents, the stirring is continued so that the contents get mixed homogenously and a fine red colour paste is obtained. This prepared paste is Gandhaka Malahara. After that it is stored in a widemouthed jar.

Pathya Apathya⁹-

1. Dietary advise - Patient was advised to avoid spicy, fried, junk, fast food, heavy food including curd, paneer, cheese and non-vegetarian diet like Fish and meat.
2. Patient was also advised to maintain hygiene by washing the parts twice a day and keeping it dry.
3. Patient was told to wear loose-fitted cotton clothes.

Assessment criteria for the evaluation of the patient

SN	Parameter	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	Inflammation	Mild Inflammation	Moderate Inflammation	Severe Inflammation	Severe Inflammation without erythematous	Severe Inflammation with erythematous
2	Itching	occasionally itching	Mild itching	Moderate itching	Severe itching	Severe cont. itching
3	Color changes	Pink	Pinkish red	Red color	Blackish blue	Black
4	Nature of lesion	Mild visible	Moderately visible	Prominent visible	Prominently visible without discharge	Prominently visible with discharge
5	Size of lesion	1-2 cm	2-3 cm	3-4 cm	4-5 cm	>5cm
6	No. of lesion	1	2	3	4	>4

Results

SN	Parameter	Before treatment	Review - 7 days	After treatment
1	Itching	Severe	Moderate	No
2	Inflammation	Moderate	mild	no
3	Color changes	Red	Red	Pink
4	Nature of lesion	Prominent visible lesions	Moderately visible lesions	Mild visible lesions
5	Size of lesion	4-5 cm	3-4 cm	1-2 cm
6	No. of lesion	2	2	1

Discussion

The content of Gandhaka Malahara possesses Tridosha Hara, Snigdha, Teekshna, Ruksha, Sara and Ushna properties. All the ingredients have pharmacologically antifungal, antimicrobial and antioxidant action,^[10] thus it can effectively reduce infections and prevent its recurrence by improving the immunity of skin with its antioxidant property. Dadru is Kapha dominant disease, Besides its Rasagata manifestations. Hence considering this Different Acharya has described its treatment as application of Lepa Bahiparimarjana Chikitsa or Shamana shows excellent result in form of Lepa and interna medicines like Arogyavardhini vati. The disease mainly Bahya Rogamarga and involves Rasavaha and Raktavaha Srotas, Tridoshas (mainly Kapha Pitta Pradhan), Twak, Rakta, Lasika, Swed Dushayas and Twak Adhisthan. Further Srotas are never involved. This is specificity of pathogenesis of Dadru. Acharya Sushruta describes color of lesions in Dadru more specifically like that of copper or flower of Atasi and mentions that its Pidaka are in

form of Parimandala having spreading nature (Visarpanshila) but slow inprog. or chronic in nature (Chirrottham) with Kandu.

Conclusion-

The results suggested that Gandhaka Malahara along with Arogyavardhini vati showed significant result after treatment in Kandu,color of Mandala, number of Pidika, number of mandala variables and the efficacy of the treatment was highly significant even during follow up. In this case study patient completed the full course of treatment without any adverse reaction to drug.Hence it can be suggested that Gandhaka Malahara can be used in the patients suffering from Dadru Kushta (Tinea infection).

References

1. Marks R. Roxburgh's common skin diseases. 16thed. London: ELBS with Chapman & Hall; 1993.Chapter 1 [Crossref][PubMed][Google Scholar]
2. Sharma PV. Caraka Samhita of Agnivesa withEnglish translation. 1st ed. reprint. Varanasi:Chaukhambha Orientalia; 2008. Vol 2, p.183[Crossref][PubMed][Google Scholar]
3. Sharma PV. Caraka Samhita of Agnivesa withEnglish translation. 1st ed. reprint. Varanasi:Chaukhambha Orientalia; 2008. Vol 2, p.184[Crossref][PubMed][Google Scholar]
4. Shastri LP, Desai R, editors. Ashtanga Sangrahaof Sarvanga Sundari Vyakhyaya SamhitaSutrasthana – Prathama Bhaga. 3rd ed. Nagpur:Shri Baidyanath Ayurveda Bhavana Pvt. Ltd; 1986.p.137 [Crossref][PubMed][Google Scholar]
5. Acharya JT, editor. Sushruta Samhita with theNibhanhasangraha commentary by Dalhanacharyaand Nyaya Chandrika by Gayadasa Acharya. 5th ed.Varanasi: Chaukhambha Orientalia; 2005. p.37[Crossref][PubMed][Google Scholar]
6. Tripathi B. A. H. (Nidana Sthana). Varanasi:Chaukhambha Orientalia; 2014. p.527 [Crossref][PubMed][Google Scholar]
7. Marks R. Roxburgh's common skin diseases. 17thed. . [Crossref][PubMed][Google Scholar]
8. Shastri K. Rasatarangini. Reprint ed. Delhi:Motilal Banarasidas; 2012. Taranga 8, Verses 63–65. p.186 [Crossref][PubMed][Google Scholar]
9. Saini JR. Etiopato study of DadruKushta w. s. r. toMithyaahar and its management [dissertation].Jaipur: NIA [Crossref][PubMed][Google Scholar]
10. Gigi N, Chaitra LV. Antimicrobial activity ofGandhakadhya Malahara: an in vitro study. JAyurveda Integr Med Sci. 2021 Sep–Oct;6(5):94–99. [Crossref][PubMed][Google Scholar]
11. Mishra S. Bhaishajya Ratnavali by KavirajGovind Das Sen – Kushtharogadhikara. 54/111–117. . [Crossref][PubMed][Google Scholar]
12. Pallathadka LK. Role of Gandhakadi Malahara inDadru: a conceptual study. Eur J Mol Clin Med.2020;7(1). [Crossref][PubMed][Google Scholar]
13. Vagbhata A. Rasa Ratna Samucchaya. Shastri A,editor. Hindi commentary. Varanasi: ChaukhambhaSanskrit Series Office; 1970. Ch.3, Verse 17. p.40[Crossref][PubMed][Google Scholar]
14. Vagbhata A. Rasa Ratna Samuchchaya. TripathyI, editor. 1st ed. reprint. Varanasi: ChaukhambhaSanskrit Sansthan; 2010. Chapter 3, Verses 141–142. p.83 [Crossref][PubMed][Google Scholar]
15. Sharma SS. Rasatarangini. Shastri K, editor.11th ed. Varanasi: Motilal Banarasidas Publications;1979. Taranga 13, Verses 77–81. p.319 [Crossref][PubMed][Google Scholar]
16. Shastry JLN. Dravyaguna Vignana. 2nd ed.Varanasi: Chaukhambha Orientalia; 2005. Vol 2,pp.468–472 [Crossref][PubMed][Google Scholar]

7. Sharma SS. Rasatarangini. Shastri K, editor. 11th ed. Varanasi: Motilal Banarasidas Publications; 2004. Chapter 4, Verses 59–61. pp. 114–115

