Management of DadruKustha through Virechana Karma followed by Shamana Chikitsa: A Case Report

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Purpose: It is estimated that about 10 to 15% of individuals are contaminated with dermatophytes at some point in their life and thus suffering called Dermatophytosis. In India, 1-12 cases out of every 1000 patients are found to be affected with this type of fungal infection. All the skin diseases in Ayurveda have been classified under the broad heading of ‘Kushtha’ which are further classified into Mahakushta and Kshudrakushta. Acharya Charaka has included Dadru in Kshudrakushtha, whereas Acharya Sushruta and Acharya Vagbhata has explained it under Mahakushta. The main Lakshanas of Dadru include Kandu (Itching), Utsanna (elevated circular lesions), Mandala (Circular Patches), Raaga (Erythema) and Pidakas (Papule).

Materials & method: A 47 yrs. old female patient came with complaints of round and reddish patches over abdominal region, chest, axilla, inguinal region with severe itching for 1 year. She was treated with Virechana Karma; Shodhanarththa Snehapana with Goghrita (4 days), Sarvanga Abhyanga & Sarvanga Bashpaswedana (4 days), Virechana with Trivruttavaleha. ShamanaChikitsa with Laghumanjisthadi Kwatha 30 ml BD internally and DadruvidravanaMalhara for external application given for 28 days.

Result: After completion of treatment, significant improvement was observed in parameters like Kandu (itching), Utsanna (elevated circular lesions), Mandala (Circular Patches), Raaga (Erythema) and Pidakas (Papule).

Conclusion: From this case study it can be concluded that ayurvedic treatment is effective in management of chronic cases of DadruKustha.

Keywords: Dadru, Virechana Karma, ShamanaChikitsa

Introduction:

The skin is the largest organ of the body that is readily available for inspections by the eyes & fingers of every person. Nowadays skin diseases are very common. The patients always experience physical, emotional & socio-economic embarrassment in the society.

All the skin diseases in Ayurveda have been classified under the broad heading of 'Kushtha' which are further categorized into Mahakushtha & Kshudrakushtha. Kushtha is TridoshajaVyadhi. According to Acharya Charaka&Acharya Vagbhatta, Dadru is Pitta Kaphapradhanavyadhi and according to Acharya Sushruta, KaphaPradhanaVyadhi.

1. Acharya Sushruta describes the colour of the lesions in Dadru more specifically like that of copper or the flower of Atasi and mentions that Pidaka are in the forms of Parimandala having spreading nature (visarpanshila) but slow in progress or chronic in nature (chirottatham) with Kandu.
2. Acharya Charaka has depicted Dadru as a Kshudrakushtha. As per his definition, the reddish coloured Pidaka in the form of Mandala with elevated borders and itching is known as Dadru.
Acharya Vagbhata mentions that it is DurvavatDeerghaPratana, having colour like that flower of Atasi and itching and spreads following one lesion by another (Anushangini) DurvavatDeerghaPratana may indicate towards the spore forming nature of the fungus on getting favourable environment may start spreading.

The superficial fungal infections of the skin include the following diseases: Pityriasis versicolor, Tinea corporis, Tinea cruris, Tinea pedis, Tinea mannum, Tinea capitis, Tinea unguium, Tinea incognito, Candidiasis.

Most of the Modern Medical texts have cited the following factors as aetiological factor of superficial fungal infections of the skin.

- Warm and humid climate
- Excessive sweating
- Hydration of skin over long period.
- Unhygienic living conditions
- Living in polluted environment
- Wearing clothes immediately after bathing
- Immunodeficiency
- Prolonged use of systemic steroids

All the above factors help the mycoflora to thrive and flourish well enough in strength to manifest the pathological symptoms.

Prevalence:

Dermatophytosis is estimated that about 10 to 15% of individuals are contaminated with dermatophytes at some point in their life⁴. According to data from the World Health Organization (WHO), dermatophytosis affect about 25% of the world populationand 30 to 70% of adults are asymptomatic carriers of these diseases⁷. In India, 1-12 cases out of every 1000 patients are found to be affected with this type of fungal infection."⁶

Case Report:

A 47 years old female came to Panchakarma OPD of I.T.R.A., Jamnagar with following symptoms for last 1 year:

- Round patches with severe itching over abdominal region, chest, axilla, inguinal region.
- Redness over patches.
- Burning sensation after itching.

History of present Illness: The patient was alright 1 year back, after then she slowly developed round, reddish lesions over abdomen, chest, axilla, inguinal region with severe itching and burning sensation (after itching). She has taken allopathic medicines but she did not get any relief in above symptoms. So, she came to our hospital for better management.

Past History:

H/O Hysterectomy in 2012

No history of Diabetes mellitus, Hypertension, Hypothyroidism, Asthma, Liver diseases.

Family History: Mother- Diabetes mellitus, Hypertension
Father- Hypertension

Personal History:

Dietary habits revealed excessive use of *Amla, Lavana, KatuRasa* and *Viruddhaahara* (Milk + *Bhakhari*). Regular bowel habits, sleep-sound, day time sleep -1-1.5 hrs, no history of any addiction.

**DashvidhaPariksha:**

1. *Prakruti: KaphaPittaja*  
2. *Vikruti: Hetu*: excessive use of *Amla, Lavana, KatuRasa* and *ViruddhaAharaa*,  *Divaswap*  

   *Dosha*:Kapha, Pitta  
   *Dooshya*:Tvak, Rakta, Lasika, Ambu  
   *Desha*:Anoopa  
   *Kala*:Ushna (Grishmaritu)  
   *Bala*:Madhyama  
3. *Sara*:Madhyama  
4. *Pramana*:Madhyama  
5. *Samhanana*:Madhyama  
6. *Satmya*:Pravara  
7. *Satva*:Madhyama  
8. *VyayamaShakti*:Madhyama  
9. *AharaShakti*:Madhyama  
10. *Vaya*:Madhyama

**General Examination:**
Pallor-Absent, Icterus-Absent, Cyanosis-Absent, Clubbing-Absent, Lymph Nodes-Not palpable,Oedema-Absent

**Local Examination:**
Irregular marginated, reddish& well demarcated patches over abdominal region, chest, axilla, inguinal region.

**Lab Investigations:**
FBS- 147 mg/dL, PPBS- 184 mg/Dl  
Haemoglobin: 12.6 Gms%  
Total R.B.C.: 4.47 mill/c.mm  
Total W. B. C.: 8180 /cu mm  
Platelet Count: 362000 /cu.mm  
Differential Count  
Neutrophils: 53.6 %  
Lymphocytes: 33.5 %  
Eosinophils: 8.4 %  
Monocytes: 3.5 %
Basophils: 1.0 %
Absolute Eosinophil Count: 687.12 /uL
Blood Indices
P. C. V: 38.7 %
M. C. V.: 86.6 fl
M.C.H: 28.2 pg
M. C. H. C: 32.6 %
R.D.W: 11.8 %
E.S.R.(Westergren Method) After one hour: 22 mm

URINE ANALYSIS
Colour: Pale yellow
Transparency: Clear
Reaction: Acidic
Sediment: Absent
Chemical Examination
Albumin: Absent
Sugar: Absent
Microscopic Examination
Pus Cells: Absent /h.p.f
Red blood Cells: Absent /h.p.f
Epithelial Cells: 1-2 /h.p.f
Amorphous: Absent /h.p.f
Crystals: Absent /h.p.f
Casts: Absent /h.p.f
Bacteria: Absent /h.p.f
Fungus: Absent /h.p.f
Trichomonas: Absent

**Diagnosis:** After history and examination she was diagnosed with *Dadru*.

**Treatment:**

<table>
<thead>
<tr>
<th>Karma</th>
<th>Drug &amp; Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deepana, Pachana</td>
<td><em>Vaishvanara</em>Churna 3gms/BD with luke warm water before meal</td>
<td>7 days</td>
</tr>
<tr>
<td>2. ShodhanarthSnehapana</td>
<td><em>Go Ghrita</em> (Cow’s Ghee) (30ml, 60ml, 90ml, 120ml)</td>
<td>4 days</td>
</tr>
<tr>
<td>3. Sarvanga Abhyanga</td>
<td><em>Bala</em>Oil (<em>Sida cordifolia</em>)</td>
<td>4 days</td>
</tr>
<tr>
<td>4. SarvangaBashpaSwedana</td>
<td>-</td>
<td>4 days</td>
</tr>
<tr>
<td>5. Virechana Karma</td>
<td><em>Trivruttavaleha</em> 180 gm with <em>Ushnodakaa</em>at 11:20am</td>
<td>1 day</td>
</tr>
<tr>
<td>6. Samsarjana Krama</td>
<td>-</td>
<td>5 days</td>
</tr>
<tr>
<td>7. a. Lepa</td>
<td><em>Dadruvidravana</em>Malhara &quot;v{(External application BD)</td>
<td>28 days</td>
</tr>
<tr>
<td>7. b. Kwatha</td>
<td>*LaghumanjisthadiKwatha&quot;v{(40ml BD Empty stomach)</td>
<td></td>
</tr>
</tbody>
</table>
Virechana Vegiki: 20

Aantiki: Kaphanta

Laingiki: Vit-Pitta-Kapha-Vata sequence, Laghutva

**Follow up and Outcome:**

After completion of treatment there was marked improvement in sign and symptoms i.e., *Kandu* (Itching), *Raga* (Erythma) and *Mandala* (Round lesions).

No any *Vyapada* during full course of treatment and during follow up was seen.

**CRITERIA FOR ASSESSMENT ix:**

1. **KANDU**

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Kandu</td>
<td>0</td>
</tr>
<tr>
<td>IshatKandu</td>
<td>1</td>
</tr>
<tr>
<td>Mild Itching: Which comes occasionally, does not disturb the mind, duration is 2/3 min; usually scratching is not required</td>
<td></td>
</tr>
<tr>
<td>Bahu Kandu</td>
<td>2</td>
</tr>
<tr>
<td>Moderate Itching: Which occurs frequently disturb the mind, lasts for longer time, scratching every time is essential, recurs, 3/4 time in 12 hours</td>
<td></td>
</tr>
<tr>
<td>UgraKandu</td>
<td>3</td>
</tr>
<tr>
<td>Severe Itching: Frequently occurs, the disturb mind &amp; sleep, lasts for 20/30 min, scratching very essential, recurs 8/10 times in 12 hours</td>
<td></td>
</tr>
<tr>
<td>UgraKandu: Continuous itching, scratching marks present on body, drastically disturbs mind, sleep not possible.</td>
<td>4</td>
</tr>
</tbody>
</table>

2. **RAGA**

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal skin</td>
<td>0</td>
</tr>
<tr>
<td>Faint or near to normal</td>
<td>1</td>
</tr>
<tr>
<td>Blanching + red colour</td>
<td>2</td>
</tr>
<tr>
<td>No blanching + red colour</td>
<td>3</td>
</tr>
<tr>
<td>Red colour + subcutaneous</td>
<td>4</td>
</tr>
</tbody>
</table>

3. **Mandala**

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Mandal</td>
<td>0</td>
</tr>
<tr>
<td>1 to 3 Mandal</td>
<td>1</td>
</tr>
<tr>
<td>4 to 6 Mandal</td>
<td>2</td>
</tr>
<tr>
<td>7 to 9 Mandal</td>
<td>3</td>
</tr>
<tr>
<td>More than 9 Mandal</td>
<td>4</td>
</tr>
</tbody>
</table>
OBSERVATION AND RESULTS:

<table>
<thead>
<tr>
<th>LAKSHANA</th>
<th>BEFORE TREATMENT</th>
<th>AFTER TREATMENT</th>
<th>AFTER FOLLOW UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>KANDU</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>MANDALA</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>RAAGA</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

It was observed that patient got complete relief from all symptoms after treatment.
DISCUSSION:

Mode of action of Virechana Karma:

The Virechanadravya possesses Ushna, Tikshna, Sukshma, Vyavayi and Vikashi properties. Due to these properties, they get easily absorbed. Sukshma and Vyavayi properties enable them to move through Dhamani and they reach to Sthula and SukshmaSrotas in all directions of the body. Ushna property of Virechanadravyas help in liquification (vishyandanti)of vitiated doshas which then easily flow through circulation.

After that their complex molecules get fragmented due to action of Tikshna Property & reached to Kostha, flowing through “Anu Srotas” where from stimulated by Samana&Apana-Vayu and due to the Jala&PruthviMahabhautika constitutions and Prabhava, they flow in downward direction to remove the vitiated dosha, along with them.

Virechana expels out the aggravated dosha and dragging them towards the Adhobhaga. Virechana is a specific therapy for Pitta Dosha. Virechanaby their property and Jala&PruthviMahabhutha dominancy helps in eliminating the morbid doshas from the Shakha to Koshtha and then out of the body by anal route.
Mode of Action of LaghuManjisthadiKwatha:

The ingredients of LaghuManjisthadiKwatha are Manjishtha, Haritaki, Vibhitaki, Amalaki, Katuki, Vacha, Daruhaídra and Nīmabīgajaka which have the properties like Agnidipana, Raktashodana, Sansrana, Pitta Kaphahara, Kushtaghna, Kashaya, Tikta, Katu Rasa, Laghu, Ruksha Guna, Ushnavirya etc. Dadru is Kapha-PittaPradhanaVyadhi. Thus, this formulation which containsKashaya, Tikta Rasa, Laghu&Ruksha Guna andUshnaVirya acts as Kapha Pitta Hara.

In DadruKushtha Rasa, Rakta, Lasika, Ambu are the main Dushya.

Rasa Dhatu Dushti is produced by RasaDhat vagnāśīmānāya and Jatharagnimandya. Karma like Deepana, Pachanaproduce proper Rasa Dhatu which correct Kapha as it is Aashraya of Rasa Dhatu the drugs like Vibhitaki and Amalaki having properties like Deepana. Drugs having Raktashodhakaproperties are Manjishtha, Daruharidra, Nīmabīgajaka. Kūtaki causes Pittavirechana which helps in terms of Pittashodhana and Prakrit Pitta Nirman. Thus, LaghumanjishthadiKwatha acts as per AnshanshaSamprapti of DadruKushtha leading to healthy skin.

Mode of Action of DadruvidravanaMalhar:

- The ingredients of Siktha, Tilatala, Chakramarda, Tankana, Laksha&Gandhaka which have properties like SthānīktāVarnaprāśadaka, Kandughna and Kushtaghna.
- Rasa and Raktashodhak, Varnya, Lekhan, Shothaharaproperties of Malahara pacify Dushyas and which help in reducing the symptoms like Raga and Mandala.
- The content of Malahara possesses Snigdha, Tikshna, Ruksha, Sara, Ushna, Tridoshaharaproperties. All the ingredients of Malahara have pharmacologically antifungal, antimicrobial, antidot properties and antioxidant action; hence can effectively reduce the infection and prevent its recurrence by improving the immunity of skin by its antioxidant property.

Conclusion:

Dadru is among the Kushta, is very contagious rigid skin disorder which can be correlated to Tinea. Dadru in its acute as well as chronic state is troublesome to the human beings physically as well as mentally as itching and other symptoms continue all the time throughout the day. Ayurvedic is a medical science which gives permanent cure by Panchakarma therapy, internal medicine and external medicine having properties of Kushtaghna, Kandughna and Krimighnacould help treating the patient of Dadru in safe and effective way.

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