

**A CASE REPORT ON EFFECT OF CHAKRAMARDA BEEJA LEPA IN TREATMENT OF DADRU (TINEA CORPORIS) IN CHILDREN**Vd. Nilesh R Harde<sup>1\*</sup> and Vd. Kiran Shinde<sup>2</sup><sup>1</sup>MD Scholar, Dept. of Kaumarbhritya, Shree Saptashruni Ayurved Mahavidyalaya and Hospital Hirawadi, Nashik, Maharashtra India.<sup>2</sup>Associate Professor, Dept. of Kaumarbhritya, Shree Saptashruni Ayurved Mahavidyalaya and Hospital Hirawadi, Nashik, Maharashtra India.**\*Corresponding Author: Vd. Nilesh R Harde**

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**ABSTRACT**

Beauty, both inside and out, is valued across cultures. Ayurveda emphasizes the connection between internal and external beauty, highlighting how our skin reflects our inner health. Skin not only influences our appearance but also serves vital functions for our body. Unfortunately, the rise in skin diseases, often caused by bacterial or fungal infections like Corporis, is concerning. Ayurveda categorizes these as '*Kushtha Roga*' with specific terms like *Dadru Kushta* for fungal infections. *Dadru* is variety of *Kushta* with *Rasa*, *Rakta* and *Mansadhatu* involvement. Treating a 12-year-old female child with *Dadru Kushta* having complaints *Kandu*, *Raga*, *Pidika Twak Rukshata*, treatment involved Application of *Chakramarda beej Lepa*. The treatment significantly reduced Symptoms over a few weeks.

**KEYWORDS:** *Kushtha, Dadru, Tinea Corporis, Chakramarda Beeja Lepa.***INTRODUCTION**

Ayurveda, the *Vedic* science deals with preventive & curative measures which promote a healthy long life. *Kaumarabhritya*, one of the branches of *Ashtanga Ayurveda* deals with complete nutrition as well as the health of child.<sup>[1]</sup> *Dadru* is one of the common diseases known to us from thousands of years. Though it is considered as *Kshudra Roga* (minor disease), has got a major importance in clinical practice now a days. All the skin diseases have been classified under the broad heading of "*Kushtha*" according Ayurveda.<sup>[2]</sup> *Dadru* is variety of *Kushta* with *Rasa*, *Rakta* and *Mansadhatu* involvement.<sup>[3]</sup> *Dadru Kushta* is considered as one of the *Ashta Mahagada*.<sup>[4]</sup> It is most commonly occurring skin diseases among children also which have been included under the *Maha Kushta* by Acharya *Sushruta*<sup>[5]</sup> and *Vagbhatha*.<sup>[6]</sup> It include clinical features like *Kandu*, *Raga*, *Pidika Twak*, *Rukshata* which exhibit involvement of *Kapha* and *Pitta*. Acharya *Vagbhat* especially mentioned *Dadru* as a *Anusangika Vyadhi*.<sup>[7]</sup> The children have very soft skin and any skin disease hamper the quality of life of child as well as parents. So, it is prompt attention needed in treating child skin infections.

In modern medical science, *Dadru Kushta* can be Correlated with *tinea corporis* *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.<sup>[8]</sup> It is slightly pruritic ring like, erythematous papules, plaques with scaling and slow outward expansion of the border.<sup>[9]</sup> its Management includes topical steroids or antifungal ointment or oral medicine is described in the management of such skin disease. These topical steroids or antifungal creams are expensive and not completely free from adverse effects.<sup>[10]</sup> other problem with the *Dadru* is of its frequent recurrence for which, also the definite answer must be worked out. Hence in this case study we used local application of *Chakramarda beej Lepa* for management of *Dadru Kushta*.

**CASE HISTORY**

A 12-year-old female patient was brought to the Out Patient Department of Kaumarabhritya, Shree Saptashruni Ayurveda Mahavidyalaya and Hospital, Nashik by parents with complaints of multiple reddish round patches over both the hands associated with itching since last 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. then 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 Shree Saptashrunji Ayurveda Mahavidyalaya and Hospital, Nashik.

#### Assessment of general condition of the child.

Bowel	Regular
Appetite	Good
Micturition	Regular
Sleep	Sound

#### Systemic examination

Cardiovascular System (CVS): S1 S2 heard, no murmurs.

Respiratory System (RS): Normal Vesicular breathe sounds heard, Bilateral air entry +.

Central Nervous System: Conscious and Oriented.

Gastro intestinal System (GI) P/A-Soft, non tender.

#### Chief Complaints

1. *Sa Kandu* (itching sensation)
2. *Raga* (redness)
3. *Dadrumandala* (circular patches with elevated edges)
4. *Rukshata* and *Daha*

**Past History:** No any History.

**Present Medicinal History:** No any medicine taken.

**Family History:** *Matruj Kula: Prakrit Pitruj Kula: Prakrit.*

**Past Surgical History:** No any Surgical history.

#### Ashtavidha Parikshan

<i>Nadi</i>	72/Min
<i>Mutra</i>	5-6 times a day
<i>Mala</i>	<i>Asamyak</i>
<i>Jivha</i>	<i>Ishat Sama</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Samshitoshna</i>
<i>Druk</i>	<i>Prakrit</i>
<i>Akruti</i>	<i>Madhyam</i>

#### Dashvidh Pariksha

<i>Prakruti</i>	<i>Pitta-Kaphaj</i>
<i>Dosha</i>	<i>Pitta</i>
<i>Dushya</i>	<i>Rasa, Rakta, Meda,</i>
<i>Mala</i>	<i>Sveda</i>
<i>Sara</i>	<i>Hina</i>
<i>Samhanana</i>	<i>Madhyam</i>
<i>Pramana</i>	(145 cm)
<i>Dehabhara</i>	38 Kgs
<i>Satmya</i>	<i>Madhyam</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Ahara Shakti</i>	<i>Madhyam</i>
<i>Vyayam Shakti</i>	<i>Madhyam</i>

#### Management

Drug: *Chakramarda Beej Lepa*

Dose: ¼ Anguli

Duration: Twice a day for 21 days

#### Procedure of Lepa

*Poorva Karma:* At first the affected part was thoroughly washed by lukewarm water and dried.

*Pradhana Karma:* The prepared *Lepa* was applied over the lesion. The thickness of the *Lepa* were 1/4 of *Anguli*. *Lepa* were applied twice in a day. Each application was kept until it would dry up.

*Paschat Karma:* Once the *Lepa* got dried then it removed with clean cotton.

Table 1: Latin Name, Family of *Chakramarda*.<sup>[11]</sup>

No.	Drug	Latin Name	Family
1.	<i>Chakramarda</i>	Cassia Tora	Caesalpiniaceae

Table 2: *Rasa, Virya, Vipaka, Doshagnata and Karma of Chakramarda.*

No.	Drug	Rasa	Virya	Vipaka	Guna	Doshghnata	Karma
1.	<i>Chakramarda</i>	<i>Katu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Laghu, Ruksha</i>	<i>Vataghna</i>	<i>Varnya, vishagna, vranaropan, kandughna and kushghna</i>

Table No. 3: Showing Observation and results in Symptoms.

Symptoms	Gradation	Grade	BT	AT
<b>Raaga (Redness)</b>	Normal skin colour	0	3	1
	Redness mild- Faint and near to normal	1		
	Blanching and red colour	2		
	Severe and Red Colour	3		
<b>Mandal -(Erythema)</b>	No erythema	0	2	0
	Mild erythema	1		
	Erythema needs treatment	2		
	Severe and on whole body erythema	3		
<b>Daha - (Burning sensation)</b>	No <i>Daha</i>	0	2	0
	Mild <i>Daha</i> child bears if mind diverted	1		
	Moderate <i>Daha</i> relief after treatment	2		
	Severe and urgent need of treatment	3		
<b>Rukshata-(Dryness)</b>	No line on scrubbing with nail	0	3	1
	Faint line on scrubbing by nails	1		
	Prominent Lining On scrubbing by nail	2		
	Excessive <i>Rukshata</i> leading to <i>Kandu</i>	3		

## DISCUSSION

Most of the *Apathya Ahara Vihara* mentioned in Ayurveda for causes of *Kushtha*, produces the healthy environment for the growth of fungal infection in the skin tissues. In modern science the clinical manifestation of *Dadru* is closely similar to Tinea infection which is caused by contact with diseased person, the weak immune system, poor nutrition, stress, obesity and contact with contagious things etc. These are the risk factor for Tinea infection. Severe itching and Red patches are the common clinical manifestations described in Ayurvedic texts, which can be evaluated by *Darshana* and *Prashna Pareeksha*. Most of the *Acharayas* has mentioned predominance of *Pitta-Kapha Dosh* in *Dadru* except Acharya Sushruta, who has considered Kapha predominance in *Dadru*. *Tvak, Rakta, Lasika* and *Ambu* these are the *Dushyas* described in Ayurveda along with *Raktavaha Srotasa Dushti*.

In this present case study, 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 last 3 months. highly significant result was observed in the symptoms of *Daha, Kandu, Raga Mandal* and *Rukshata*. *Kandu* is produced by the vitiated *Kaphadosha. Katu, Tikta, Kasaya Rasa Kandughna, Kustaghna Kaphashamaka, Chakramarda*, which helps to reduce in the symptom. (Table No. 3) *Raga* is resultant of *Pitta Prakopa. Sheet, Madhur, Tikta Rasa* and properties like *Raktashodhak, Raktaprasadak. Chakramardbeej* causes *Pittashaman* and helps to reduce in the symptom of *Raga*. In this present case study, it was observed that, due to decreased in the symptom of *Daha, Kandu, Rukshata* and *Raga Mandala* in patient.

## CONCLUSION

The results suggested that *Chakramard Beej Churna* showed significant result after treatment (Table No. 3) in *Daha, Kandu, colour of Mandala, Rukshata* and 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.

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