

**HOLISTIC HEALING: EXPLORING AYURVEDIC SOLUTIONS FOR FUNGAL INFECTIONS - A CASE STUDY**Dr. Archana<sup>1\*</sup>, Dr. Keerti Verma<sup>2</sup> and Dr. Reena Dixit<sup>3</sup>MD Scholar<sup>1</sup>, Professor and HOD<sup>2</sup>, Professor<sup>3</sup>  
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**ABSTRACT**

This case study delves into the holistic approach of Ayurveda in managing fungal infections, presenting a comprehensive exploration of its solutions. In underdeveloped countries, microorganisms are frequently a cause of prevailing diseases, presenting a serious public health problem in a significant segment of the population as revealed by either private or officially granted health care systems. With the rise in-at risk patients, the number of invasive fungal infection has dramatically increased in both developed and developing countries.<sup>[1]</sup> The case study follows a patient diagnosed with a stubborn fungal infection who sought Ayurvedic intervention after conventional therapies not good. This is opportunistic fungal infection caused by dermatophytes species of fungi. This fungal infection is very common at humid and hot environment in Ayurveda majority of all Twak Vikaras classified under broad term Kushtha Vikaras.<sup>[2]</sup> **Aim and Objective:** Key findings reveal the efficacy of Ayurvedic formulations in combating fungal infections while addressing underlying imbalances in the body's doshas (biological energies). **Holistic Healing: Exploring Ayurvedic Solutions for Fungal Infections – “A Case Study”** **Material and Method:** A 3-year-old female patient was come to the OPD of kaumarbhritya, Rishikul Campus UAU Haridwar Uttarakhand, with complain of bust pustules, plaque, scale, crust with itching, dryness, and patches appeared on gluteal region, lower abdomen and groin area. These complaints were presenting in on off manner for the last two year. This condition can be understood as fungal infection and treatment including with some medicine course of two months. **Result:** There were significant improvements in the condition of the patient.

**KEYWORDS:** Fungal infections, Twak Vikaras, Kushtha Vikaras Ayurveda.**INTRODUCTION**

Most of the time, the human species together live with peaceful environment in coexistence with the microorganisms that surround them and if, when the defence system was damaged or the concentration of pathogens reach an enormous high density, an infection may emerge.<sup>[3]</sup> Increasing use of antimicrobials, antineoplastic drug, immunosuppressants and organ transplantation in Childrens.<sup>[4]</sup> The fungal infections manifest a great challenge to clinicians due to higher rate of recurrences and if not treated early, can lead to the development of more extensive diseases. In Ayurveda, this condition has resemblance with *Dadru kushtha*. It is a type of *Kshudra kushta, tridosaja vyadhi* with dominance of *pitta* and *kaphadosha*, having characteristic features such as presence of *utsannamandal* (elevated circular skin lesion), *kandu* (itching), *raga* (erythema), and *pidaka* (eruptions).<sup>[5]</sup> The infection may reach epidemic proportion in geographical areas with higher humidity, high population density and poor hygienic conditions.<sup>[6]</sup>

**CASE HISTORY**

- A 3-year-old female patient with her father's brought to the Out Patient Department of Kaumarbhritya, Rishikul Campus Haridwar with complaints of-
- ✓ Bust Pustules and patches on lower abdomen and groin area with intense itching = Approx. 2 years
- ✓ Plague, patches, scale and crust over gluteal region with itching = approx. 2 years

**History of present illness**

- According to her father she was asymptomatic before two years. Then her parents noticed small papules appeared on lower abdomen, which was gradually convert in to pustules that aggravate on bust and then the lesions spread over groin and gluteal region also. Then patient had patches, dryness of skin with intense itching also. At the outset, the patient has taken the child for consultation in a nearby hospital, where they have given a course of medications, which they have taken, but the condition reoccurred many times and did not get any satisfactory relief. The condition got

aggravated since last two year. Then, the parents have decided to bring the child for a better evaluation and management and came on January 25, 2023 in Rishikul Campus UAU Haridwar.

- ✓ **Time:** approx. 2 years.
- ✓ **Place:** lower abdomen, groin area, gluteal region
- ✓ **Aggravating factors/ allergic:** Tea
- ✓ **Associated Symptoms:** - intense itching, dryness.
- ✓ **Treatment** (if any): taking Ayurvedic treatment from Rishikul Campus, Haridwar for 3 months.

#### O/E OF SKIN

- **Site of lesion-** lower abdomen, groin area, gluteal lesion.

- **Shape & Size-** Small oval- circular 1-2 cm
- **Lesion-** Epidermal
- **Border-** Elevated border of pustules or vesicles or scaling
- **Pattern-** Grouped
- **Distribution** – Asymmetrical
- **Edge-** Raised edge
- **Character of lesion** – demarked pustules crust, Patches and scales
- **Color** – Red to reddish brown
- **Arrangement-** non-segmental
- **Itching** – intense itching present
- **Discharge-** Absent

Table no. 1.

Anthropometry of patient	Vitals of patient
Height- 94cm	Heart rate- 84/min
Weight- 14kg	Respiratory rate -30/min
Head circumference- 50cm	Temperature- 98.1f
Chest circumference- 55cm	spO2- 98%
Mid upper arm circumference- 14cm,	

- ❖ **Immunization history-** immunization done up to age
- ❖ **History of allergy-** patient do not have any type of allergy
- ❖ **Family History:** There was no relevant family history.
- ❖ **Personal History:** Diet was non-vegetarian and child had normal appetite. Bowels was regular, micturition was normal. Sleep was Sound. Allergies of any kind were not reported.
- ❖ **Systemic Examination:** No abnormalities were detected in examinations of respiratory, cardiovascular, gastro-intestinal, urogenital systems.

#### Treatment protocol

- After a thorough interrogation with the patient and her father regarding the diet, hygiene, life style and habits of the child and the history of present illness and after a proper evaluation regarding the present condition of the child, she was planned for treatment with internal and external medications.
- ❖ **Treatment duration-** 2 months.
- ❖ **Period of assessment-** every assessment was done at the interval of 15 days.

Table no. 2.

S.no.	1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	4 <sup>th</sup> visit
Medication	1.Panchtikta Ghritam Guggulu - 35 mg Avipattikar churna - 250mg Giloy Satva - 65 mg Praval Panchamrit - 65 mg Haridra khand -250 mg Two times a day with honey 2.Tetmosol Bath soap - L.A 3.ImmDis Drops -2 Drops with Water OD 4.Syp. Dermotrit - 5 ml TID 5.Lippu oil -L. A twice a day	Treatment was given same as 1st visit Cutis oil - LA (Twice in a day)	2.Panchtikta ghrita guggul -35mg Haridra khand -250mg Praval Panchamrit -35mg Aagroyavardhani vati -65 mg Giloy satva -65mg Two times a day with honey 2. Nimbaadi kwath- Prachalan 3.777 oil - L.A (Twice a day) 4. Cutis oil - L.A (Twice a day) 5. Immdis drops - 4 drops + 4 drops of honey (empty stomach) 6. Syp. Dermotrit – 5ml BID 7. Psorolin Soap -L. A	Treatment was given same as 3 <sup>rd</sup> visit
Advice	Increase water intake, Maintain hygiene, Avoid tea.	Maintain hygiene Avoid fast food, junk food and packed food.	Maintain hygiene. Increase water intake. Avoid tea.	Maintain hygiene. Increase water intake. Avoid tea
Improvement		Mild relief in previous symptoms. Pus in papules is absent. No	Moderate relief in plaque and patches and associated symptoms. Scales and crust have been removed. There is no dryness.	Relief in all symptoms. There was no mark of plaque and

		improvement in itching.	Significant relief in Itching.	patches. No itching.
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❖ **Diet plan** - *Ayurvedic* text provide detailed information regarding diet habits and life style. During the study patient was **restricted for outside food, Guru ahara, Masha (black gram), Amla-lavana-katurasa (sour, pungent, salty food), spicy and pungent food. Avoid tea, maintain hygiene, and advised to increase water intake.**

**Deworming-** deworming was done at first visit.

#### RESULT AND OBSERVATION

➤ Here firstly some pictures of lower abdominal region of patient which are showing the improvement and relief in associated symptoms on per visit.



Fig. 1: on 1st visit



Fig. 2: on 2nd visit



Fig. 3: on 3rd visit



Fig.4: on 4<sup>th</sup> visit.

➤ Here secondly some pictures of gluteal region of patient which are showing the improvement and relief in associated symptoms on per visit.



Fig. 5: on 1st visit



Fig. 6: on 2nd visit



Fig.7: on 3rd visit



Fig. 8: on 4<sup>th</sup> visit.

## DISCUSSION

Holistic approach and perspective of *Ayurveda* for this case presented with **pruritus, dryness, erythematous bust pustules, and irregular elevated circular patches with scales and crust** has been established. **Itching and elevated circular patches are the features of kapha dominance while erythema (raga) are the features of aggravated Pitta.** On the basis of symptoms, the disease can be equated with *kapha-pitta kushtha*. The *kapha-pitta dushti* initially manifested as pustules circular patches, scales and crust with itching (*kandu*) over lower abdomen and groin area which are the local sites of *kapha dosha*. *Kapha Dosha* involving *Rasa Dhatu* causes *kandu* (itching) and elevated circular patches while *Pitta Dosha* with vitiated *Rakta Dhatu* leads to erythema. The treatment protocol was planned on the basis of predominance of *Dosha* and *Dhatu* (body tissue) and *Srotas* (macro and microcirculatory channels) involvement.

**Punchtikta ghrita guggulu** is beneficial for overall health and the immune system. It is a good blood purifier and helps in treating acne and rashes. Main ingredients are *Nimb* (*Azadirachta indica*), *Patal* (*Trichosanthes dioica*), *Choti kateri* (*Solanum xanthocarpum*), *Guduchi* (*Tinospora cordifolia*), *Vasa* (*Adhatoda vasical*).<sup>[7]</sup> *Avipattikar churna* is effective in *deepana - pachana* of *ama vish* (indigestive juice). *Haridra khand* has the anti-allergic properties. *Giloya satva* that drugs which helps to rejuvenation process. *Praval panchamrit* provide relief from bloating, burping, indigestion and malabsorption.

*Arogyavardhini vati* is indicated in *kushtha*, *medo-dosha* (obesity), *yakritvikara* (liver disorders) and *Jirna jwara* (chronic fever).<sup>[8]</sup> Main ingredients of *Arogyavardhini vati* are *Gandhaka* (sulphur) *Triphala*, *katuki* (*Picrorhiza kurroa*) and *Nimb* (*Azadirachta indica*). *Arogyavardhini vati* act as an **anti-inflammatory and anti-helminthic**. *Nimb* is an **antiseptic** and helpful in shedding of the scales of the skin and preventing secondary infection.<sup>[9]</sup> It is helpful in

*Pachana* of *Ama Visha* (indigestive toxins) and corrects vitiated *rasa dhatu* in the body.

*Nimbadi kwatha prakshalan* is act as a natural blood purifier and help to remove toxins from the body. Act as Anti-Inflammatory, Antioxidant, and has good antimicrobial properties. *Nimbadi kwatha* is prepared by boiling 20 gm of coarse powder of in 240 ml (16parts) of water on mandagni reducing it to 1/8<sup>th</sup> (30ml). all ingredients are *Tikta Rasatmak* which has *Kushthaghna*, *Kandughna* and *Varnya* (blood purifier) properties, also useful in *Mahakustha* and *krimi*.<sup>[10]</sup>

Imm Dis drop is made of composition by *Indigofera aspalathoides*, *Celastrus paniculatus*, *corallocarpus epigaeus*, *Cinnamomum camphora*, and *solanum trilobatum*. Immunomodulatory effect of this drop was found to play an important role in the quick recovery from fungal infections. **Clinical study with psoriatic patients showed that the combination therapy of oral Imm Dis drops along with tropical application of 777 oil help in management of psoriasis far more tropical application alone.**<sup>[11]</sup>

**Cutis oil, Lippu oil and 777 oil has anti- fungal, anti-microbial, anti-bacterial, and anti-inflammatory, anti-pruritic** properties and these oils used for local application because all that has *Snehana guna* (moisturizing the skin) which is prevent from dryness of skin.

**Syrup dermatit**-Contents-*Manjistha*, *Triphala*, *Guduchi*, *Neem*, *Yastimadhu*, *Daruharidra*, Used in leukoderma, pruritus, skin allergies. **Psorolin Soap Contains-Psorolin oil, Aloe vera, Wrighta tinctoria.** **Psorolin oil helps to treat irritation on the skin. Aloe vera and wrighta tinctoria extracts are helpful for hydration of the skin and keep it refreshed.**

## CONCLUSION

The case study exploring ayurvedic solution for fungal infection underscores the effectiveness of a holistic approach rooted in ancient wisdom. The holistic healing approach of ayurveda emphasizes not only symptoms relief but also addresses the underlying causes of fungal infection, such as dosha imbalances and toxin accumulation.

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