

## AN AYURVEDIC MANAGEMENT OF DADRU KUSTHA DISEASE WITH SPECIAL REFERENCE TO TINEA CORPORIS-A CASE STUDY

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### ABSTRACT

*Dadru Kustha*, described under *Kustha Roga* in *Ayurveda*, is a *Kapha–Pitta* predominant dermatological condition that closely correlates with dermatophytosis (*tinea corporis*) in modern medicine. It is clinically characterized by *kandu* (itching), *raga* (erythema), and *mandala* (circular lesions), and has become increasingly prevalent in tropical regions, particularly in India, with rising incidence of chronicity, recurrence, and antifungal resistance. A 19-year-old male patient approached the outpatient department (OPD) of siddhakala ayurved mahavidyalaya, sangamner, Maharashtra, with a chief complaint of round reddish patches over the neck with severe *Kandu* (Itching), *Daha* (burning sensation), elevated circular lesions, and *Raag* (erythema). After 14 days of treatment, the patient got relief from all the symptoms by taking proper medicines like *Gandhak Rasayan*, *Arogyavardhini vati*, *Mahamanjisthadi kwath* And *Dashang lepa* for Local Application. Due to *Kusthaghna* and the immunity booster properties of drugs, the present case study revealed the efficacy of Ayurveda by *Shaman Chikitsa* for 14 days in managing *Dadru kustha*.

**KEYWORDS:** *Ayurveda*; *Dadru kushta*; *Shaman chikitsa*; *Tinea Corporis*.

### INTRODUCTION

*Dadru Kustha* is a common dermatological condition described in *Ayurveda* under the broad spectrum of *Kustha Roga*, which encompasses various skin disorders. It is characterized by classical features such as *kandu* (intense itching), *raga* (erythema), *pidaka* (eruptions), and *utsanna mandala* (raised circular lesions).<sup>[1,3]</sup> The disease has been variably classified in classical texts; while *Charaka Samhita* considers *Dadru* under *Kshudra Kustha*, *Sushruta Samhita* and *Ashtanga Hridaya* describe it among *Maha Kustha*, indicating its clinical significance and chronicity.<sup>[1,3]</sup> The etiopathogenesis primarily involves vitiation of *kapha* and *Pitta Doshas*, along with involvement of *Rasa and Rakta Dhatu*, leading to pathological changes in the skin (*twak*).<sup>[1]</sup>

From the *Ayurvedic* standpoint, *nidana* (etiological factors) include excessive intake of incompatible foods (*viruddhaahara*), heavy, oily, and fermented diet, poor hygiene, excessive sweating, and suppression of natural urges.<sup>[1]</sup> These factors result in *Dosha prakopa*, followed by *Dosha-dushya sammurchana* in the skin, manifesting as *Dadru Kustha*. Clinically, patients present with circular, erythematous, scaly lesions associated with severe itching and burning sensation, often spreading peripherally.<sup>[1-3]</sup> If left untreated, complications (*upadrava*) such as chronicity, recurrence, discoloration, and secondary infection may develop.<sup>[2]</sup>

In contemporary medicine, *Dadru Kustha* is closely correlated with dermatophytosis (*tinea corporis*), a superficial fungal infection of keratinized tissues caused

by dermatophytes such as Trichophyton, Microsporum, and Epidermophyton species.<sup>[4]</sup> It typically presents as annular, erythematous plaques with central clearing and active scaly margins, accompanied by pruritus. The disease is highly prevalent in tropical and subtropical regions, including India, due to favourable climatic conditions such as heat and humidity.<sup>[5]</sup> Recent years have witnessed a surge in chronic, recurrent, and treatment-resistant dermatophytosis, posing a significant therapeutic challenge.

Modern etiological factors include poor hygiene, overcrowding, excessive sweating, immunosuppression, and indiscriminate use of topical corticosteroids, which alter local immunity and lead to atypical presentations. Complications include recurrent infections, extensive body involvement, secondary bacterial infections, and psychological distress due to cosmetic concern.<sup>[5]</sup>

Despite the availability of antifungal therapies, high recurrence rates and emerging drug resistance have limited their long-term effectiveness. In this context, Ayurveda offers a holistic approach, emphasizing not only symptomatic management but also correction of underlying *Doshas* imbalance, detoxification (*Shodhan*), and prevention of recurrence. However, the existing literature comprises narrative reviews, case reports, and small clinical studies

## MATERIALS AND METHODS

### Study Design

- Single case study conducted in *Kayachikitsa* opd no 1

### CASE REPORT

- Age/Sex: 19-year-old male

#### • Chief Complaint

Patient came with complaints of elevated skin rash over neck region laterally in irregular shape associated with severe itching, severe burning sensation, and redness of the skin patient came in opd of *kayachikitsa* department on 25/11/2025 of Siddhakala Ayurved Mahavidyalaya, Sangamner, Maharashtra for Ayurvedic treatment.

#### • History of past illness

Patient have same complaints from one month and taken medicine-Tab Itraconazole, Tab Allegra –m, Itraconazole ointment for local application got relief after taken medicine but lesion occur when he stopped medicine.

### Treatment

**Table 1: Shaman Chikitsa (Internal and External Medication) Administered during the study.**

| Sr no | Drug given                   | Dose          | Administrarion        | Anupaan           | Duration |
|-------|------------------------------|---------------|-----------------------|-------------------|----------|
| 1     | <i>Gandhak Rasayan</i>       | 125 mg – 1 BD | Orally                | <i>Koshna jal</i> | 14 days  |
| 2     | <i>Arogyavardhini vati</i>   | 250 mg – 1BD  | Orally                | <i>Koshna jal</i> | 14 days  |
| 3     | <i>Mahamanjisthadi kwath</i> | 10 ml-BD      | Orally                | <i>Koshna jal</i> | 14days   |
| 4     | <i>Dashang Lepa</i>          | As required   | For local application |                   | 14 days  |

### Past history

No h/o

- Diabetes mellitus
- Hypertension
- Any skin allergy

### General Examination

- Afebrile
- Stable vital signs
- No systemic signs of infection

### Vitals

**BP**-110/80 MMHG,

**Pulse rate**-82/MIN,

**Respiratory rate**-18/MIN

### Systemic examination

**RS** – B/L Clear

**CVS** – S1 S2 Heard Normal

**CNS** – Conscious and Well Oriented

**P/A** – Soft, Non tender, No signs of organomegally.

### Ashtavidha Pariksha

**Nadi**- 78/min **Shabda** – *Spashta*

**Mala** – *Samyak Sparsha* – *Ruksha*

**Mutra** – *Samyak Druka* – *Prakrut*

**Jivha** – *Niram Akrti* – *Madhyam*

### Local Examination

#### Inspection

**Number of lesions:** Single lesion present in the lateral to neck region.

**Shape:** Irregular oval to circular patch with plaque formation.

**Color:** Hyperpigmented blackish-brown center with surrounding erythematous margin.

**Size:** Moderate-sized erythematous plaque involving the axilla.

**Lesion type:** Plaque with localized thickening and scaling.

#### Palpation

**Skin:** Dry and scaly.

**Temperature:** Locally warm on touch

**Texture:** Rough, thickened, and slightly indurated.

**Tenderness:** Mild tenderness present.

**Borders:** Ill-defined erythematous margins with hyperpigmented center

#### Diagnosis

From clinical features, physical examination patient was diagnosed having *Dadru kushta* (**Tinea Corporis**)

**Table No.2: Assesment Criteria for Subjective criteria.**

| Sr no | Clinical Features                                       | Grade 0 | Grade 1                    | Grade 2                      | Grade 3                  |
|-------|---|---------|----------------------------|------------------------------|--------------------------|
| 1     | <i>Kandu(itching)</i>                                   | Absent  | Mild or Occasional Itching | Moderate or Frequent Itching | Severe Itching           |
| 2     | <i>Pidaka(eruption)</i>                                 | Absent  | 1-3 Eruptions              | 3-7 eruptions                | More than 7 euptions     |
| 3     | <i>Raag(redness)</i>                                    | Absent  | Mild present               | Moderate Present             | Severe Present           |
| 4     | <i>Utsana Mandala(elevated patches in reound shape)</i> | Absent  | Mild elevated Lesion       | Moderate elevated Lesion     | Severe elevated Lesion   |
| 5     | <i>Daaha(burning sensation)</i>                         | Absent  | Mild burning sensation     | Moderate burning sensation   | Severe burning sensation |

**Table No. 3: Observation before treatment(Gradation before treatment-day 0).**

| Sr no | Clinical features                                      | Day 0 | Day 7 | Day 14 |
|-------|--|-------|-------|--------|
| 1     | <i>Kandu(itching)</i>                                  | 3     | 3     | 1      |
| 2     | <i>Pidaka(eruption)</i>                                | 2     | 2     | 0      |
| 3     | <i>Raag(redness)</i>                                   | 3     | 2     | 0      |
| 4     | <i>Utsana Mandala(elevated patches in round shape)</i> | 3     | 3     | 0      |
| 5     | <i>Daaha(burning sensation)</i>                        | 3     | 1     | 0      |

**RESULTS**

The before-treatment image (FIG NO 1) showed elevated, erythematous, hyperpigmented lesions with active inflammatory margins and marked discoloration over the affected area. After 7 days of treatment (FIG NO 2), there was noticeable reduction in erythema, scaling, and lesion elevation with partial improvement in skin texture. After 14 days of treatment (FIG NO- 3),

significant clinical improvement was observed, with near-complete resolution of the lesions, marked reduction in pigmentation, and restoration of near-normal skin appearance. Associated symptoms such as itching and burning sensation subsided completely. These findings demonstrate the effective resolution of *Dadru Kushtha* following *Ayurvedic* management.

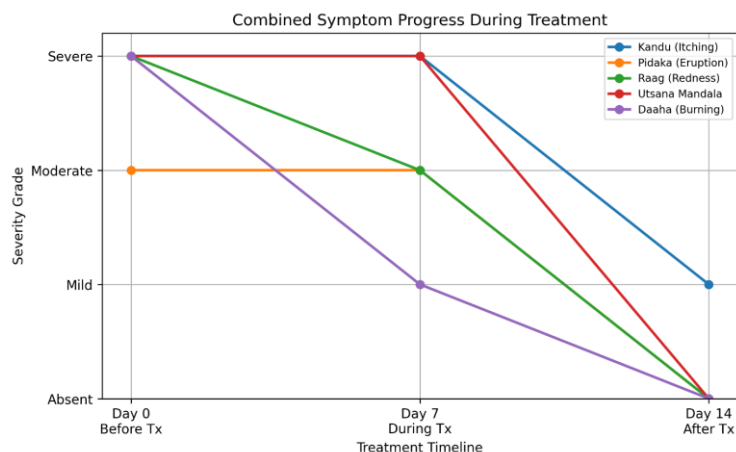


Fig. No. 4.

## DISCUSSION

### 1) Gandhak Rasayan<sup>[6,7]</sup>

*Gandhak rasayan* is polyherbal drug which is *rakta shodhak* (blood purifier), *kandughana* and *rasayan* mainly indicated in *kushtha rog*. It is prepared by giving 12 *bhawnas* to *kwatha* of *chaturjata*, *triphala*, *shunthi*, and with *swaras* of *guduchi*, *bhringraja*, *adraka* with pure *gandhak*. It has antifungal and antibacterial properties. Thus, it reduces the infection. It reduces features of *raag*, *pidika* with *raktashodhak* and *kushthaghana* properties

### 2) Aarogyavardhini vati<sup>[8]</sup>

Main contains are *kajjali*, *loha bhasma*, *abhrak bhasma*, *shilajit*, *triphala*, *chitrak*, *kutaki*, *nimba patra* & *trikatu churna* etc. with *bhavana dravya* of *nimbkwath*. Here most of herbal drugs are *tikta rasatmaka*, where as *bhasma* i.e *abhraka bhasma* etc carry these drug to *sukshma* level. act as *raktapachak*, *nimba* is *kandughna* in property and *chopchini* is having *krumihar* property.

### 3) Mahamnjishthadi kwath<sup>[9]</sup>

It contains *manjishtha*, *mushta*, *kutaj*, *guduchi*, *nagar*, *kushta*, *bharangi*, *vacha*, *nimb*, *haridra*, *triphala*, *trayamaan*, *chitrak*, *vidanga*, *shatavari*, *vasa*, *pathya*, *varun*, *bakuchi*, *karanj*, *Ananta*, *sariva* etc. it is *raktshodhak*, *twachya*, *kushtaghna*, and *raktgaami*, it has effective *raktprasadan* action.

### 4) Dashang Lepa<sup>[10]</sup>

composed of ten herbal drugs such as *Haridra*, *Daruharidra*, *Musta*, *Rakta Chandana*, and *Ushira*, possesses antifungal, anti-inflammatory, antiseptic, and cooling properties. Topical application of *Dashang Lepa* provides significant relief from itching, erythema, burning sensation, and lesion elevation in *Dadru Kushtha*.

## CONCLUSION

*Dadru Kushtha*, correlating closely with *Tinea corporis*, is a chronic and recurrent dermatological disorder requiring an approach that addresses both systemic and local The subsequent administration of classical

*Shamana* formulations helped maintain *doshas* balance, improve digestive function, enhance immunity, and promote tissue healing. External therapies such as *Dashang Lepa* provided rapid symptomatic relief and improved patient compliance. The overall clinical outcome—marked by complete relief from itching and burning, significant reduction in lesion elevation and discoloration, and absence of adverse effects—highlights the safety, efficacy, and sustainability of this *Ayurvedic* treatment protocol. Further large-scale controlled studies are recommended to substantiate these findings and develop standardized therapeutic guidelines pathology. The present case demonstrates that an integrative *Ayurvedic* treatment protocol.

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## REFERENCE

- Charaka Samhita. Vaidya Yadavji Trikamji Acharya, editor. Chaukhambha Surbharati Prakashan; Varanasi. Nidana Sthana 5/6–7. Sabiston Textbook of Surgery. 21st ed. Philadelphia: Elsevier; 2022.
- Sushruta Samhita. Vaidya Yadavji Trikamji Acharya, editor. Chaukhambha Orientalia; Varanasi. Nidana Sthana 5/13–14.
- Ashtanga Hridaya. K.R. Srikantha Murthy, editor. Chaukhambha Krishnadas Academy; Varanasi. Nidana Sthana 14/24–26.
- Hay RJ, Ashbee HR. Fungal infections. In: Griffiths C, Barker J, Bleiker T, Chalmers R, Creamer D,

- editors. Rook's Textbook of Dermatology. 9th ed. Wiley-Blackwell, 2016; 36.1–36.50.
5. Verma S, Madhu R. The great Indian epidemic of superficial dermatophytosis: An appraisal. *Indian J Dermatol.*, 2017; 62(3): 227–236.
  6. Gopal Krishan. *Rastantrasaar va Sidhaproyag Samgrah*, , reprint edition. Rajasthan; Krishan Gopal Ayurved Bhawan, 2013; Vol-1. 225-228p.
  7. Saokar R.M., Sarashetti R.S., Kanthi V. et al. Screening of Antibacterial and Antifungal Activity of Gandhaka Rasayana- an Ayurvedic Formulation. *International Journal of Recent Trends in Science and Technology*, 2013; 8(2); 134-137.
  8. Ras Ratna Samucchaya, Ambika Datt Shastri, Chaukhamba amarbharati prakashan, Varanasi, reprint, 2015; 436.
  9. Sharandhar Samhita, Edited by Bhrmhanand Tripathi, chaukhamba surbharati prakashan, Varanasi, 2017; 2/137-142.
  10. Sushruta. *Sushruta Samhita with Nibandha Sangraha commentary of Dalhana Chikitsasthana, Kushtha Chikitsa Adhyaya (9)*. Varanasi: Chaukhambha Orientalia; Reprint, 471–474.