EJPMR, 2026, 13(9), 148-153 **Case Study** **Impact Factor: 8.158**

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

ISSN (O): 2394-3211

ISSN (P): 3051-2573

Coden USA: EJPMAG

TREATMENT OF SEVERE *KANDU* (PRURITUS) OF THE WHOLE BODY WITH THE INTERVENTIONS OF AGADA PRINCIPLES (*DUSHI VISHA AND GARA VISHA*) – A CASE STUDY

Dr. Bhupesh Kumar Parihar*

Associate Profesor, Department of Agada Tantra, Mandsaur Institute of Ayurved Education and Research, Mandsaur University, Mandsaur (M.P.).

***Corresponding Author: Dr. Bhupesh Kumar Parihar**

Associate Profesor, Department of Agada Tantra, Mandsaur Institute of Ayurved Education and Research, Mandsaur University, Mandsaur (M.P.). **DOI:** https://doi.org/10.5281/zenodo.22158533

How to cite this Article: Dr. Bhupesh Kumar Parihar* (2026). Treatment Of Severe Kandu (Pruritus) Of The Whole Body With The Interventions Of Agada Principles (Dushi Visha And Gara Visha) – A Case Study. European Journal of Pharmaceutical and Medical Research, 13(9), 148–153.

Article Received on 26/07/2026 **Article Revised on 16/08/2026** **Article Published on 01/09/2026**

ABSTRACT

Introduction: Severe, generalised pruritus (*Sarvanaga Kandu)* presents a therapeutic challenge, often relapsing after conventional antihistamine and steroid therapy. *Ayurveda* offers a distinct pathological model through the concepts of *Gara Visha* (cumulative poison) and *Dooshi Visha* (latent toxicity), where toxins vitiate the *Rasa* (plasma) and *Rakta* (blood) Dhatus, manifesting as stubborn dermatological conditions. This case study evaluates the efficacy of an Ayurvedic protocol based on *Agada* (anti-toxin) principles for this complex presentation**. Methodology**: A single case of a 62 -year-old male with severe lower abdomen, legs, thigh, groin region, chronic constipation since 4 years, unresponsive to conventional care, was managed. History of taking opoid water since 20years.The condition was diagnosed as *Dooshi Visha*-induced *Kandu*. The structured intervention was conducted in by giving *Vishaghna* (anti-toxic) using internal medications like *Dushivishari Agada*, *Phalatrikadi kashaya, Kaishora guggulu* , *Lodhrasva* alongside external detoxification by *Sarvanaga Prakshalana* and local application of medicated oil, supported by a strict *Pathya-Apathya* (do's and don'ts) dietary regimen. **Results**: The intervention led to a significant reduction in pruritus and associated symptoms. By the 10 days of treatment a 90 % reduction in itching severity and skin lesions was observed, associated systemic complaints of impaired digestion and constipation were also resolved. Significant reduction in serum creatinine and improvement in 5 D itch scale was observed. **Discussion & Conclusion-** The successful outcome underscores the relevance of the *Dooshi Visha* paradigm in managing chronic, recalcitrant pruritus. This case demonstrates that a structured *Ayurvedic* protocol, underpinned by the principles of *Agada Tantra*, is a highly effective and sustainable approach for managing severe, generalised *Kandu* diagnosed as latent toxicity. Further large-scale studies are warranted to validate these findings and integrate this time-tested model into contemporary dermatological practice.

KEYWORD: Kandu, Puritus, Itching, Dushivisha, Agada, 5D itch scale.

1. INTRODUCTION

Ayurvedic classics *Kandu* is mentioned as one of the symptom in *Kushta*, *Kshudra roga*, *Utthana vataraktha*, *Sopha* etc. *Kandu* is the result of intense itching (*spandanam*), which leads to the occurrence of skin irritation (*Kushta*) and blood abnormalities (*Raktapradoshaja vikara*), as well as toxin-related illnesses (*Vishaja*).[1, 2, 3]

Pruritus is the medical term for itchy skin, a common sensation that can range from mild to severe and be localized or widespread. It's often a symptom of various skin conditions or underlying medical issues. While the urge to scratch is the primary symptom, pruritus can also be accompanied by redness, bumps, or changes in skin texture.[4]

Pruritus is a common comorbidity in chronic liver disease and kidney disease. These patients frequently complain of pruritus despite having no rash or skin findings. Patients with chronic liver disease develop systemic itch that significantly impairs activity and sleep. Often, it is not relieved by scratching itchy areas of the skin. Peripheral pruritus is mainly due to histamine

release from mast cells, which stimulates the itch receptor at the epidermal-dermal junction.[5, 6]

Agada Tantra is one of the eight branches of *Ayurveda*, exclusively dealing with poisons, their effects, and their antidotes. It's not just about snake bites and scorpion stings; it's a comprehensive system for understanding all forms of toxins that disrupt health.[7, 8, 9]

"Dushi" means vitiated, defective, or latent. It's a poison that doesn't act immediately but remains in the body, "fermenting" over time. It remains dormant until a triggering factor (e.g., stress, seasonal change and another dietary error) aggravates it. It then combines with vitiated *Doshas* (*Vata*, *Pitta*, *Kapha*) to manifest as disease.[10, 11]

"Gara" means a concoction or a combination. It is an artificial poison created by mixing various substances, which individually may be non-toxic. Created deliberately (e.g., in ancient times, for hostile purposes) or accidentally through exposure to complex chemical compounds.[12, 13, 14]

2. Case Presentation

A 62 year old patient visited in OPD of Agada Tantra, MIAER, Mandsaur University, Mandsaur dated on 20/05/2025 (OPD No. 37893) complained of severe itching in lower abdomen, legs, thigh, groin region, chronic constipation since 4 years.

His pulse rate was 80/minutes, Blood pressure 120/80 mm of Hg, respiratory rate was 24 /min, SpO2- 99%, and height was 157 cm, BMI- 60.9. History of taking antidibetic medicine was noticed. The skin presented with patches (*Mandala)* with redness with severe itching.

On physical examination vital were normal, fatty build up weight of 115 kg, abdomen part distended with inverted umbilicus. History of taking opoid (*Doda* Soaked Water= Daily consumtion 1-2 litre) since 20years.

Addiction- Patient was addict of taking Opium water (*Doda* Soaked Water) since 20 years.

Before coming here patient look out another physician treatment, he has suggested some essential investigations and undergone the treatment but didn't get relieved. Then patient came to OPD of Agada Tantra, MIAER, Mandsaur University, Mandsaur.

Ayurvedic Assessment

Based on the classical framework, the condition was diagnosed as.

Dooshi Visha Janya Sarvānga Kandu: Latent toxicity-induced generalised pruritus.

***Samprapti* (Pathogenesis):** The ingestion of *Viruddha Ahara* (incompatible foods) and exposure to environmental toxins led to *Gara Visha*. This caused *Agnimandya* and *Ama* formation. The *Ama* and *Visha* collectively vitiated the *Tridoshas*, which further contaminated the *Rasavaha* and *Raktavaha* Srotas (channels carrying plasma and blood). The vitiated *Doshas* and toxins (*Ama-Visha*) lodged in the *Rakta Dhatu*, manifesting as the severe skin symptoms observed

Therapeutic Intervention

The patient was admitted in AGADA IPD on day are basis, because of patient has to go on work. The treatment was given for 10 days.

Table 1: Treatment given to patient.

S. NO.	Treatment Given	Dose
1	*Dushivishari Agada*	2 tab (500 mg) BD after food
2	*Phalatrikadi Kashaya*	30 ml before food BD
3	*Kaishora Guggulu*	2 tab After Food BD
4	*Lodhrasva*	30 ml BD After food
5	*Psoraherb oil (50 ml) + Nimba* oil (10ml)+ *Karanja* Oil (10ml)	Local Application
6	***Sarwanga Prisheka—****Triphala Churna (Coarse) + Nimba Patra + Karanja Patra —Kwatha*	Evening time (4-5 pm)

***Pathya-Apathya* (Do's and Don'ts)**

The patient was advised to strictly adhere to dietary restrictions, avoiding *Viruddha Ahara* (incompatible foods), *Mamsa* (meat), *Dadhi* (curd), *Abhishyandi Ahara* (channel-blocking foods), and day sleep. He was instructed to use mild, non-soap cleansers and avoid direct contact with chemical detergents.

3. RESULTS AND OUTCOME

A 90 % reduction was observed in symptoms like *Kandu* (itching) appetite was improved. The reduction in serum creatinine levels from 3.36 ± SD to 1.01 ± SD mg/dl was statistically significant ($p < 0.05$)."

The 5-D Itch Scale score showed a significant reduction from 4.400 ± 0.24 before treatment to 1.800 ± 0.20 after treatment.

This decrease was found to be statistically significant ($p < 0.001$), indicating a marked improvement in pruritus severity following treatment.

Table 2: Showing blood investigation report before and after treatment.

CBC	Before treatment	After Treatment
Haemoglobin	14.2	13.8
HCT	45.3%	42.3%
Total RBC count	5.65 10^6/µl	5.33 10^6/µl
MCV	80.2 fL	79.4 fL
MCH	25.1pg	25.9 pg
MCHC	31.3 g/dl	32.6 g/dl
RDW-CV	14.3%	14.0%
Total leucocyte count	8.73 (10^3/µl)	8.79 (10^3/µl)
Neutrophil	70.1%	59.32%
Lymphocyte	19.5%	25.2%
Monocyte	8.6%	9.2%
Eosinophil	1.0%	5.2%
Basophil	0.8%	0.7%
Platelet count	255 (10^3/µl)	298 (10^3/µl)
PDW	11.8fl	11.2 fl
MPV	10.4 fl	10.3 fl
PCT	0.27%	0.31%
RBS (Glucose)		
Random Blood Glucose	121.55 mg/dl	116.19 mg/dl

Table 3: Showing Urine investigation report before and after treatment.

Examination	Before treatment	After Treatment
Colour	LT yellow	LT yellow
Transparency	Clear	Clear
Specific gravity	1.015	1.010
pH	6	5
Protein	Absent mg/dl	Absent mg/dl
Glucose	Absent mg/dl	Absent mg/dl
Ketone bodies	Absent mg/dl	Absent mg/dl
Bile salts/ Bile pigment	Absent mg/dl	Absent mg/dl
Nitrate	Absent	Absent
Blood	Absent RBC/µL	Absent RBC/µL
Urobilinogen	Normal mg/dl	Normal mg/dl
Pus Cells/Leucocytes	Absent WBC/µL	Absent WBC/µL

Table 4: Kidney Function Test before and after treatment.

Examination	Before treatment	After Treatment
Blood Urea	Not Done	20.47 mg/dl
Serum Creatinine	**3.36 mg/dl**	**1.01 mg/dl**
Uric Acid	Not Done	6.07 mg/dl

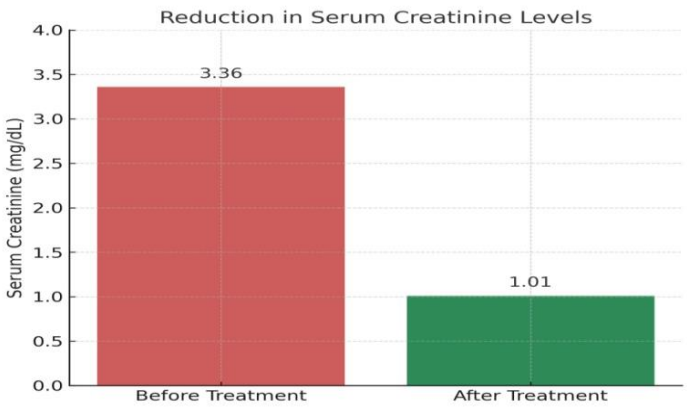

Plate No. 1- Serum Creatinine.

Table 5: Liver Function Test before and after treatment.

Examination	Before treatment	After Treatment
Total bilirubin	NA	NA
Direct bilirubin	0.032 mg/dl	0.25
Indirect bilirubin	NA	NA
SGOT	12.17 IU/L	15.43
SGPT	15.01 IU/L	17.72
Serum Alkaline Phosphatase	--	106.75 IU/L
Serum proteins	6.97 gm/dl	5.99
Albumin	4.11 gm/dl	4.29
Globulin	2.86 gm/dl	1.70
A/G Ratio	1.44 gm/dl	2.52

Table: 6- 5-D Itch scale before and after treatment (Total Score out of 25).

S.No.	5 D Scale parameters	Before treatment (Scoring)	After Treatment (Scoring)
1	Duration	4	2
2	Degree	5	2
3	Direction	5	2
4	Disability	4	2
5	Distribution	4	1
Total Score		**22**	**9**
Mean ± SEM		**4.400 ± 0.24**	**1.800 ± 0.20**

The data about the 5-D itch scale before and after treatment were analysed by Graph Pad prism software and apply t test and shown significant reduction the itching

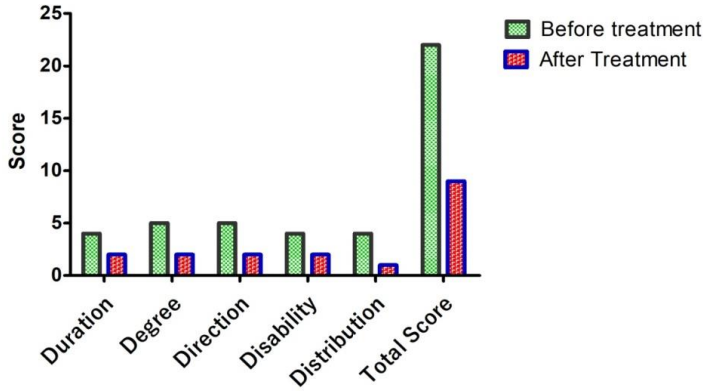

Plate No.2- 5D Itch Scoring graph.

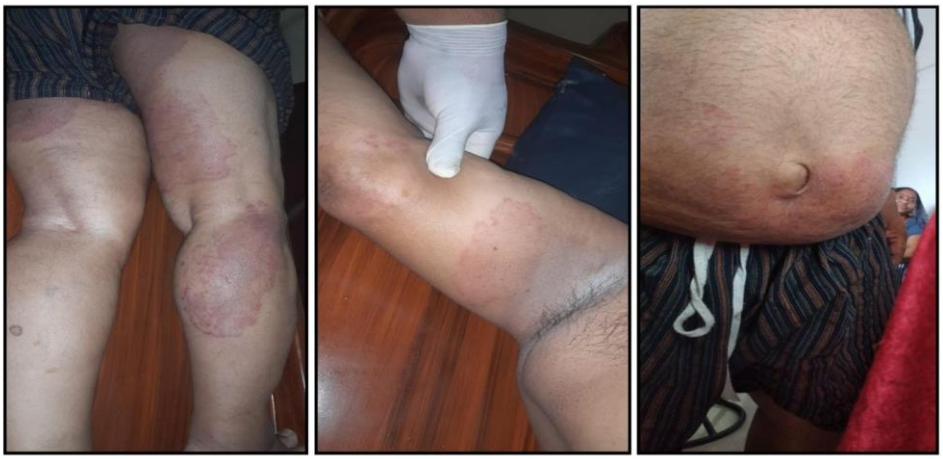

Fig 1 : Severity of Skin rashes and patches (*Mandala*) on the 1st Day visit in Agada OPD. Bright red colour with severe itching

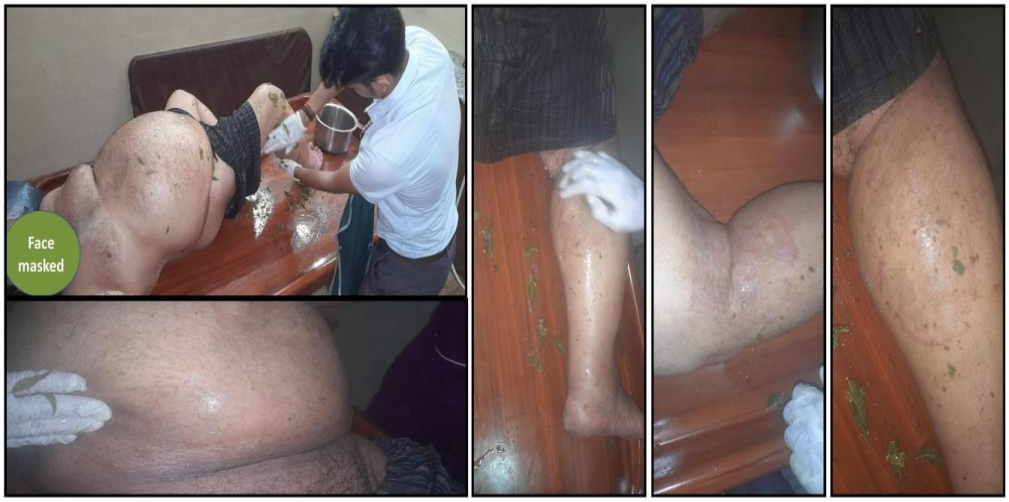

Fig 2 : *Sarvanga Parisheka* with mild *Avagharshana* was done

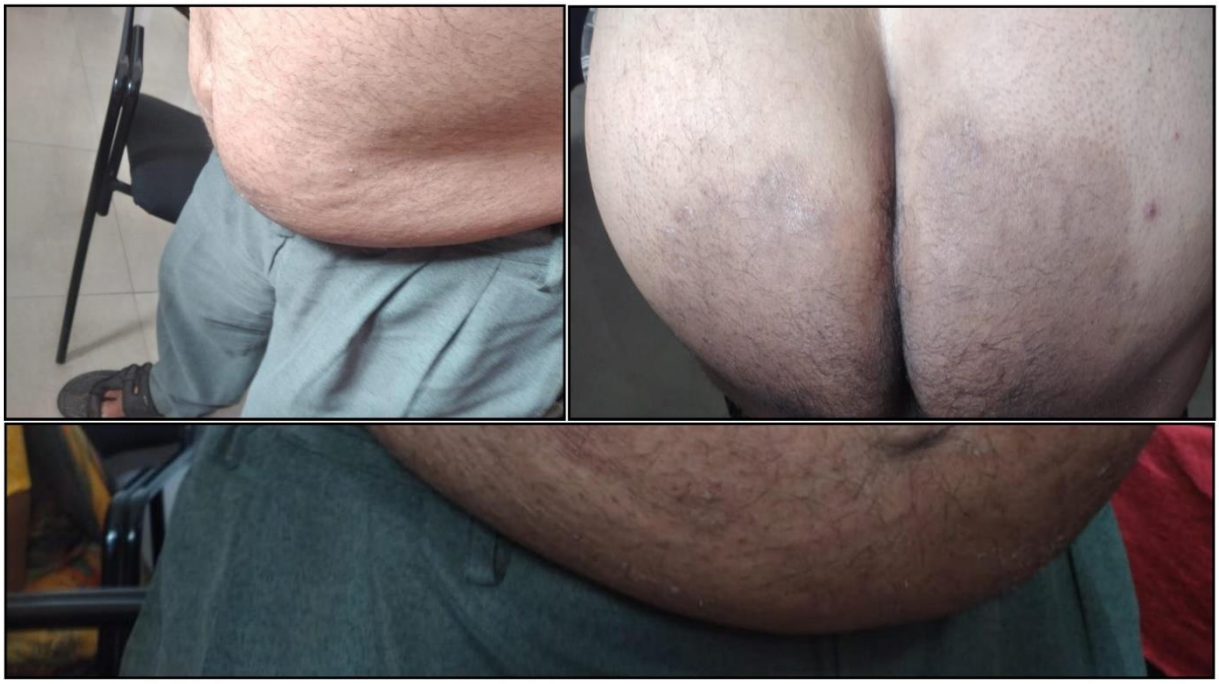

Fig 3. There was remarkable absence of redness , pealing the skin started, no itching, The Patches (*Mandala*) disappeared

4. DISCUSSION

As per the case study the patient visited the Agada OPD with the chief complained of severe *Kandu* (Itching) all over body with the presentation of patches (*Mandala*), bright red colour, chronic constipated (*Vibanddha*) addicted of Opium fruit soaked water (consuming 1-2 litre daily basis from last 20 years) with distended abdomen with inverted umbilicus ultimately resembles the patient of *Dushi Visha* and *Gara visha* symptoms and causative factors.

The patient was treated with the *Shodhana* methods with taking the *Phala trikadi Kashaya*[15] which lead to *Mala nishkashna* in the form of *virechana* (Toxic removal) and relieves in constipation (*Vibandha*) and vitiated *Pitta* and *Kapha* from the body which was leading the *Dosha* and *Dhatu Dusti* in the form of *Rasa Rakta dushti* which showing the clinical presentation in the form of severe itching.

Dushivishari Agada[16] is well known formulation used as (*Divyastra*) weapon for the treatment of *Dushivisha* act of *Rasa- Rakta dathus* as *Rasayana* effect for the body.

As the patient was on antidiabetic medicine which may suggest the formation of *Kaleda* in the body which was treated by taking the *Kaishora guguulu*[17] and

Lodhrasva[18], *Phala trikadi Kshahya* as over all corrects the *Rasa- Rakta, Mutra vaha srotasa* deformities.

Externally treatment was given by *Prisheka* with mild *Avaghrashana* with the help of *Kwatha* (Decoction) prepared by *Triphala, Nimba Patra and Karanja Patra* to remove the *shrotavarodha* and subside the *Tridosha* (*Pitta* > *Vata*> *Kapha*) *utaklanasana*.

Local Application of Psoraherb oil *(50 ml)* + *Nimba* oil (10ml) + *Karanja* Oil (10ml) to affected area two times and *Prisheka* with mild *Avagharshana* was done with decoction of *Tiphala* + *Nimba Patra* + *Karanja Patra* to remove the obstruction (*Margavodha*) in dermal part of body. *Triphala* acts as a *Rasayana* (Rejuvenator), *Srotoshodhaka* (Channel Cleanser), *Chakshushya* (Beneficial for Eyes), *Vranaropana* (Wound Healer), *Krimighna* (Anti-helminthic), *Lekhaniya* (Scraping), *Deepana-Pāchana* (Digestive Kindler)

Over all the treatment showed a significant relief in the symptoms in the patient.

5. CONCLUSION

This case study provides compelling evidence for the efficacy of *Ayurvedic* management based on *Agada Tantra* in treating severe, generalised *Kandu* diagnosed as *Dooshi Visha*. The structured protocol of *Vishaghna* drugs, *Śodhana*, and *Rasāyana*, coupled with strict dietary discipline, resulted in not only the remission of symptoms but also the restoration of digestive and systemic health, preventing relapse. It underscores the need to look beyond symptomatic relief in chronic skin disorders and explore the role of latent toxins. Repeated exposure to *Gara Visha* (e.g., pesticides in food, chemicals in water) is a primary cause for the formation of *Dushi Visha* in the body today. Further large-scale clinical studies are warranted to validate these findings and integrate these time-tested principles into mainstream dermatological practice.

REFERENCES

1. Agnivesh, Charak Samhita commentary by Brahma Nand Tripathi, Chaukhamba Surbharti Sansthan, Varanasi. Nidana Sthana 5/7, Edition Chaukamba Sanskrut Pratishthna, Delhi, 2016; p. 626.
2. Shastri Ambikadatta –'Sushrutsamhita' Nidana Sathana Kushta Nidana Adhyaya 5/4 – Edition, Varanasi; Chaukhambha Sanskruta Sansthan, Reprint, 2016; p.320.
3. Vaghbat Kruta Ashtang Hrudaya, Sarth Vaghbat, 14th Kushthaswitrakrimi adhyaya, 1/11-12- 72, Edited by Atridev Gupt, Chaukhambha Prakashana, 2014; p.370.
4. McGraw Hill Publishes the 21st Edition of Harrison's Principles of Internal Medicine." Health & Medicine Week, 27 May 2022; p. 2941.
5. Textbook of Pathology, Harsh Mohan, 2010, Jaypee Brothers Medical Publishers (P) ltd Edition 6, Chapter 11, 24, 25. P: 599-630.
6. Exam Preparatory Manual for Undergraduates: Pathology By Ramadas Nayak, Rakshatha Nayak Jaypee Brothers Medical Publishers (P) Ltd: 2nd edition, 2017; P. 534, 554.
7. Shastri Ambikadatta –'Sushrutsamhita' Sutrasthana Sathana Sutra sthana Adhyaya 1/6 – Edition, Varanasi; Chaukhambha Sanskruta Sansthan, Reprint, 2016; p.6.
8. Agnivesh, Charak Samhita commentary by Brahma Nand Tripathi, Chaukhamba Surbharti Sansthan, Varanasi. Chikitsa Sthana 23/3, Edition Chaukamba Sanskrut Pratishthna, Delhi, 2016; p. 626.
9. Vaghbat Kruta Ashtang Hrudaya, Sarth Vaghbat, 14th Kushthaswitrakrimi adhyaya, 1/11-12- 72, Edited by Atridev Gupt, Chaukhambha Prakashana, 2014;p.370.
10. Shastri Ambikadatta –'Sushrutsamhita' Sutrasthana Kalpa Sthana Adhyaya 2/25-33 – Edition, Varanasi; Chaukhambha Sanskruta Sansthan, Reprint, 2016; p.32-34.
11. Vaghbat Kruta Ashtang Hrudaya, Sarth Vaghbat, 14th Visha Pratishedha adhyaya, 35/33-38, Edited by Atridev Gupt, Chaukhambha Prakashana, 2014; p.787-8.
12. Shastri Ambikadatta –'Sushrutsamhita' Sutrasthana Sathana Sutra sthana Adhyaya 1/6 – Edition, Varanasi; Chaukhambha Sanskruta Sansthan, Reprint, 2016; p.6.
13. Agnivesh, Charak Samhita commentary by Brahma Nand Tripathi, Chaukhamba Surbharti Sansthan, Varanasi. Chikitsa Sthana 23/14 , Edition Chaukamba Sanskrut Pratishthna, Delhi, 2016; p. 719.
14. Vaghbat Kruta Ashtang Hrudaya, Sarth Vaghbat, 14th Visha Pratishedha adhyaya, 35/33-38, Edited by Atridev Gupt, Chaukhambha Prakashana, 2014; p.787-9.
15. Bhaisjyaratnawali- hindi teeka, Commented by Sri Kaviraj Ambikadutt Shastri, published by Chaukhambha prakashan, Varanasi 2010, 20th chapter Pandu rog 12/22, page no. 377.
16. Paradakara HSS, editor, 6th edition. Ashtanga Hrudaya with Sarvangasundara commentary of Arunadatta and Ayurvedarasayana commentary of Hemadri, uttara sthana; visha pratishedham adhyaya: chapter 35, verse 39. Bombay: Nirnaya sagar press, 1939; 904.
17. The Ayurvedic Formulary of India Part I. Department of AYUSH (2nd ed.), Ministry of Health and Family Welfare, Government of India, New Delhi, 2003; 204-224.
18. AFI. vol. I. Government of India, Ministry of Health and Family Welfare, Department of Indian Systems of Medicine & Homoeopathy; New Delhi: 2003. (The ayurvedic formulary of India, part I).