

CASE REPORT



Management of Dadru Roga (Tinea skin disease) through ayurveda

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ABSTRACT

Introduction: Healthy skin reflects overall health of an individuals. Being the protective organ, it is target for many of the infectious diseases. Dadru is one of the commonest Twakvikara which can affect individual of any age. It mainly occurs due to unhygienic conditions, sharing cloths and high moist conditions. It is defined under heading of KshuraKustha by Acharya Charaka and Mahakustha by Acharya Sushruta. Kandu, Deerghapratana, Utsanna, Mandala, Raaga, and Pidakas are among Dadru's principal lakshanas. This Raktapradoshajvyadhi mostly involves Kapha and Pittadoshas. Dadru has a strong correlation with the symptoms of the fungal infection Tinea corporis.

Material and Methodology: In this study, Br. Manjithadi Kwath churna 10ml two times a day before meal Nimbhchurna 3gm BD, Arogyavardhini Vati 2tabBD, Sarivadhasava15ml with equal amount of water BD internally and Durvadilepa externally is given for 3 months. A male patient of age 33 year was selected from Vivek college OPD for chief complaints of reddish scaly lesions over underarms and B/L inguinal region with itching from 3 months.

Results: The results show improvement of reddish scaly lesions in 3 months intervention.

Conculsion: The combination of drugs shows encouraging results. From observations it can concluded that combined effect of Nimbhchurna, Arogyavardhini Vati, Sarivadhasavaand Durvadilepa provided good result in scaly lesion.

KEY WORDS

Dadru; kushtha;
Ksudrakushtha; Axilla;
Tinea; Pruritus;
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Introduction

Skin is defined as the largest organ of the body. It acts as a protective layer covering the whole body. It protects the body from harmful pathogens and other environmental conditions. Now a days skin disease is very common in general population. According to various studies, the prevalence of skin diseases ranges from 7.86 percent to 11.16 percent [1].

Dadruis one of the most common but measurable Twakavikara affecting all the age of population. Under Ayurveda, all skin conditions fall under the Kushthain category. Acharya Charaka put Dadru in Kshudrakushtha, while Acharya Sushruta and Acharya Vagbhatta included Dadru in Mahakushtha. Kandu, Pidika, Raga, and Mandala are characteristics of Dadruis.

Skin and manas are thought to be reflections of one another. Dadruis one of the most common Twakvikaras. This contagious KshudraKushthais distinguished by circular, elevated, erythematous lesions with intense itching [2]. Also, according to Acharya Sushrutait has been defined as an AupasargikaVyadhi that can spread from one person to another [3].

The symptoms of Dadru resemblance with fungal infections in modern science. Many research work has been done on fungal skin disorders, but no drug has yet been claimed to cure this disease completely and prevents its further recurrence. In the field of cosmetology, Ayurveda has unique concept of beauty. Management of Dadru with Ayurveda intervention is always desired.

Patient Information

33 years old male patient came to Vivek college of Ayurvedic

Sciences & Hospital skin OPD with chief complaints of Udgata Raktavrana mandalas with Kandu in Khashapradesh and RaktavranaMandala with Kandu in Udarapradesh for last 3 months. Patient was apparently well 3 months back. Then he gradually developed the Udgata RaktavranaMandalas in Khashapradesh with Kandu which later spreads to Udarapradesh. For this he had taken Allopathic treatment from local practitioners but didn't get satisfactory results so, he came AIA hospital for management. On local examination, two lesions were found, having UtsannaMandala, Pidika and Raga. There was no involvement of the scalp or other parts of the body on examination. There was no history of major illness and drug allergy. Informed consent was obtained by the patient before enrolment. Photographs of lesions were taken before and after treatment. No contact history with the affected person.

Clinical Findings

The patient was thin built with body weight of 60 kg and height of 5 feet 3 inches. The vital examination results were reported to be pulse rate at 76/min, blood pressure at 126/80 mm Hg, afebrile and respiratory rate at 20/min.

Personal history

Appetite: Madhyam
Bowel: Not satisfactory, sometimes constipated
Micturition: within normal limits
Sleep: sound

Assessment criteria

The assessment was done according to the symptoms of Dadru mentioned in classics in Table 1.

Table 1. Assessment criteria of DadruKushtha [4].

S.No.	Parameters	Grade 0	Grade 1	Grade 2	Grade 3
1.	Kandu(itching)	No kandu	Mild	Moderate	Severe

2.	Raga (Erythema)	Clear complexion	Mild redness	Moderate red	Severe or deep brown
3.	Pidika(eruption)	No Pidika	Alpa Pidika (blackheads and whiteheads)	Madhyama (Acne vulgaris)	Bahu Pidika (Pus-filled lesions, Swellings, Suppurative cavity)
4.	Daha (Burning sensation)	No Daha	Mild Daha	Moderate Daha	Severe Daha
5.	Rookshata(Dryness)	No Rookshata	Mild Rookshata (dryness remains for few hrs.)	Moderate Rookshata (Get off after applying any oil or cream)	Severe Rookshata (blood come out)
6.	No. of Mandala	No Mandala	1-2 no. of Mandala	2-5 no. of Mandala	5-10 no. of Mandala
7.	Size of Mandala	Less than 1cm	Between 1cm-5cm	Between 5cm-10cm	Between 10cm-12cm

Therapeutic intervention and timeline of the study

The Ayurvedic intervention and timeline for drug treatment is placed in Table 2.

Table 2. Timeline of ayurvedic intervention.

S.No.	Ayurvedic intervention	Dose	Duration
1.	Arogyavardhini Vati	2-tab morning and evening after meal	90 days
2.	NimbhaChurna	3 gm morning and evening after meal	90 days
3.	Sarivadhasava	15ml with 15ml water morning and evening after meal	90 days
4.	Durvadi Lepa	Externally according to affected area in morning	90 days

Follow up and Outcomes

Intermittent monitoring was done on every 15th day of intervention. The patient was advised to follow the diet and lifestyle measures mentioned for Kushtha. He was instructed to take *Laghu anna* (~ light diet), *TiktaRasa* (~ bitter taste drugs

as *Patola* and *Methi*), and *Mudga* (~ green gram) and prefer to use *Sarshapataila* (~mustard oil) for internal use. Significant improvement was noted at the end of the treatment. [Table 3 and Figure 1]

Table 3. Observations on intermittent monitoring.

Parameter	Day 0	Day 16th	Day 31st	Day 46th	Day 61st	Day 76th	Day 91st
Kandu	3	3	2	2	2	1	0
Raga	2	2	1	1	1	0	0
Pidika	2	2	1	1	1	0	0
Daha	1	1	0	0	0	0	0
Rookshata	1	1	1	1	0	0	0
No. of mandala	2	2	2	1	1	0	0
Size of mandala	2	2	1	1	1	0	0



Figure 1. Showing the improvement in symptoms during the study.

Discussions

Kushtha are Tri dosha and Acharya Charaka described *Dadru Kushtha* as *Anavagadhamula* and further manifestation of the disease is restricted to superficial layers of the skin. There is involvement of *Rasa* and *Rakta dhatu* in the pathogenesis. In *Samhitas*, *Kushthaghna*, *Krimighna* and *Kandughna* drugs were described for *Kushtha*. In addition of internal medication, local application in form of *Lepa* was also advised.

Mode of action of Arogyavardhinivati

Kushta Roga is the primary medicinal constituent for the Herbal formulation *Arogyavardhini Vati*. *Kutaki* (*Picrorhiza kurroa*) is the primary ingredient, and it contains minerals such as *Lauha Bhasma*, an iron compound in ash form, *Abhraka Bhasma*, a mica in ash form, *Tamra Bhasma*, a copper compound in ash form, *Shuddha Parada*, which is mercury, and *Shuddha Gandhaka*, which is sulfur. *Bibhitaka* (*Terminalia Bellerica*), *Amalaki* (*Emblica Officinalis*), *Eranda* (*Ricinus communis*), *Bhavana* of *Nimba* (*Azadirachta indica*), *Haritaki* (*Terminalia chebula* Retz.), and *Shuddha Shilajatu* (*Asphaltum Punjabanum*) are also included. Its properties include *Deepana*, *Pachana*, *Kushthaghna*, *Kandughna*, *Pitta Virechan*, and *Tridosha Shamak*. It also helps to balance *Tridosha* and induces *Vatanulomana*, *Bhedana*, *Agnivardhana*,

and *Malashodhana*. Additionally, it aids in symptom relief and disease *Samprapti* breaking.

Mode of action of Nimba Churna

Twak Doshahara and *Rakta Prasadaka* are attributes of *Panchnimba Churna*. *Bakuchi* (*Psoalea Corylifolia*), *Araghwadha* (*Cassia fistula*), *Haridra* (*Curcuma longa*), *Chakramarda* (*Cassia tora*), *Bhallataka* (*Semicarpus anacardium*), and *Nimba* (*Azadirachta indica*) are all included in this Churna. Because of its *Tikta*, *Kashaya Rasa*, *Laghu*, and *Snigdha* qualities, *Nimba* can regulate *Pitta Shamaka action*. *Nimbin* has been linked to antioxidant and anti-inflammatory properties, which reduces damage by lowering reactive oxygen species formation. Additionally, research indicates that *Nimbin* possesses antibacterial, antifungicidal, and antihistamine qualities [5].

Mode of action of Sarivadhasava

Sariva is considered as the best *Raktashodhaka* and *Parasadka Dravya*. All the ingredients of *Sarivadhasava* serve as *Raktashodhana*, *Pachana*, *Deepana* and *Rakta Prasadana*.

Mode of action of Durvadi Lepa

Through the *Siramukha* and *Svedavahi srotas*, the medicinal component of *Lepa* enters deeper tissues and uses the *Sukshma* and *Tikshna* properties to stain them. Because of its *Ushna*, *Tikshna*, and *Sukshma* properties, it clears the microchannels and lets local toxins escape through the *Sveda*, relieving congestion in *Svedavahi srotas*. The *Upashoshana* feature of *Vayu* (*Vyana* and *Samana* in particular) would greatly facilitate the penetration and absorption. Following absorption, the drugs would act on the body in accordance with their *Virya* (active principle) and, perhaps, their *Prabhava* [6].

Conclusions

Dadru is common *Twakvikara* affecting most of the population. Proper hygiene and *Pathyapathya* described in Ayurvedic literature along with classical drugs found to be effective in its

treatment. No adverse effects were reported in the study.

References

1. Dixit H, Sharma A, Chandel V, Porte SM. Ayurvedic methods of diagnosis and management of *Dadru Kushta* WSR to fungal infection. *Int J Health Sci Res.* 2020;10(3):114-120. Available at: https://www.ijhsr.org/IJHSR_Vol.10_Issue.3_March2020/18.pdf
2. Acharya YT Charak samhita, Vidhyotini tika, Sharirasthana, Chapter no. 7, Shloka no. 4, ChoukambhaOrientalis Delhi 2009.pp. 910. Available at: <https://www.easyayurveda.com/2022/07/30/shareera-sankhya-shareeram/>
3. Shastri AD Sushrut samhita, Ayurvedtatvasandeepika, Nidana sthana, chapter no. 5, Shloka no. 5, ChoukambhaOrientalis Delhi 2007. pp. 320. Available at: <https://www.easyayurveda.com/2025/01/16/sushruta-samhita-nidanasthana-chapter-5-kushta-nidanam-skin-diseases/>
4. Chavhan MH, Wajpeyi SM. Management of *DadruKushta* (*Tinea corporis*) through Ayurveda – A Case Study: *Int J Ayurvedic Med*, Vol II (I), 120-123. Available at: https://www.researchgate.net/profile/Sadhana-Misar-Wajpeyi/publication/344645918_Management_of_Dadru_Kushta_Tinea_corporis_through_Ayurveda-_A_Case_Study/links/5fbb8056a6fdcc6cc65c98ca/Management-of-Dadru-Kushta-Tinea-corporis-through-Ayurveda-A-Case-Study.pdf
5. Naik MR, Bhattacharya A, Behera R, Agrawal D, Dehury S, Kumar S. Study of anti-inflammatory effect of neem seed oil (*Azadirachta indica*) on infected albino rats. *J Health Res Rev (In Developing Countries).* 2014;1(3):66-69. <https://doi.org/10.4103/2394-2010.153880>
6. Sushant SK. Functional overview of the formulation used for external application in *Tvak Vikaras*. *Int J Ayurvedic Herb Med.* 2014;4(2):1448-1455. Available at: <https://interscience.org.uk/v4-i2/4%20ijahm.pdf>