

The Successful Management of *Dadru* (Tinea) Using Proprietary Ayurvedic Medicines: A Case Series

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ABSTRACT:

Skin disorders are a major health concern, often causing discomfort and impaired quality of life. In *Ayurveda*, these conditions are grouped under *Kushta*, with *Dadru Kushta* described as a common *Kshudra Kushta*, predominantly involving *Kapha* and *Pitta Doshas*. Clinically, *Dadru* resembles superficial fungal infections such as *Tinea corporis*, which globally affects a significant proportion of individuals. The rationale of this case series is to highlight the efficacy of classical Ayurvedic management in *Dadru Kushta*, correlating with modern dermatological diagnosis of *Tinea corporis*. Patients presented with itching (~*Kandu*), redness (*Raga*), papular eruptions (*Pidika*), and elevated circular patches (*Utsanna Mandala*). Diagnosis was based on Ayurvedic clinical examination methods (*Darshana Pariksha* and *Prashna Pariksha*), supported by correlation with dermatological features of *Tinea corporis*. Management included *Shamana* and *Shodhana Chikitsa*, tailored to chronicity and severity. Internal medications comprised *Arogyavardhini Vati*, *Gandhak Rasayan*, *Aragvadh-Kampillaka Vati*, *Kaishore Guggulu* with *Manjishtadi Kwatha*, and *Mahatikta Ghrita*, while external therapy included *Gandhak Malhara*, *Dermacharge powder*, and *Karanja Taila*. Patients were advised strict *Pathya-Apathya*. After completion of treatment, significant improvement was observed in itching, erythema, and lesion morphology, with no relapse during follow-up. Classical Ayurvedic *Dadru Chikitsa* demonstrates promising results in managing superficial fungal infections like *Tinea corporis*, offering a holistic, therapeutic approach.

KEYWORDS: *Dadru Kushta*, *Kapha Dosh*, *Pitta Dosh*, *Pathya-Apathya*, *Shamana Chikitsa*.

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INTRODUCTION:

Dadru is described as a *Pittakapha-Pradhana Kushta*, characterized by clinical features such as *Kandu*, *Raga*, *Pidika*, and *Utsanna Mandala* [1]. In the *Sushruta Samhita*, unhygienic conditions are mentioned as one of the causative factors for *Kushta*[2]. *Dadru* is considered a commonly occurring skin disease. *Acharya Sushruta* has classified it under *Maha Kushta*, whereas *Vagbhata*, *Madhavakara* and *Charaka* have categorized it among the *Kshudra Kushta*[3,4,5,6].

Clinically, the features of *Dadru* correspond closely to *Tinea corporis*, a common dermatophytic infection [7]. Contributory factors include improper *Vihara* (e.g., suppression of natural urges, daytime sleep), faulty *Ahara* [8] (*Vishamashana*, excessive salty or pungent food), reduced physical activity, poor hygiene, psychological stress, and irregular eating habits [9]. Modern risk factors such as diabetes, obesity, immunocompromised states, and moist or damaged skin further predispose individuals to fungal infections [10]. Ayurveda advocates *Shamana* and *Shodhana Chikitsa* for management, employing both *Antahparimarjana* and *Bahirparimarjana Chikitsa*, offering a holistic approach to treatment [11].

CASE SERIES:

Case 1:

A 69-year-old male, working in an electrical store with a sedentary lifestyle, presented with multiple abdominal lesions mainly at the right

hypochondriac region measuring about 2cmx3cm for 20 days with *Shaman Chikita*. He was hypertensive for 5 years but had no prior dermatological treatment. Examination revealed moderate itching (*Kandu - Grade 2*), moderately elevated circular lesions (*Utsanna Mandala - Grade 2*), multiple eruptions (*Pidika - Grade 2*), and erythema (*Raaga - present*). *Ashtavidha Pariksha* showed *Nadi* 80/min, *Mala asamadhan*, *Jivha saam*, and *Akruti sthool*, while *Dashavidha Pariksha* confirmed *Pitta-Kaphaj Prakriti* with *Tridoshaj Vikriti*, involving *Rakta* and *Meda* as *Dushya*, *Twak* as *Adhithana*, and *Vimarg-gaman srotodushti* diagnosed as *Dadru Kushta (Tinea corporis)*.

Case 2:

A 45-year-old female housewife with a 6-month history of thigh lesions, known diabetic case from 9 years on OHA (Tab Metformin 500mg BD) and hypothyroidism (6 years) on Tab Thyronorm 50mcg, presented after recurrence following a short antifungal course with oral medication Tab Itraconazole 200mg BD and topical application Candid B Ointment for 2 months. The examination showed moderate itching (*Kandu - Grade 2*), severe elevated lesions (*Utsanna Mandala - Grade 3*), few eruptions (*Pidika - Grade 1*), and erythema (*Raaga - present*). *Ashtavidha Pariksha* revealed *Nadi* 68/min, *Mala samadhankarak*, *Jivha niram*, and *Akruti madhyam*, while *Dashavidha Pariksha* confirmed *Pitta-Kaphaj Prakriti* with *Tridoshaj Vikriti*,

affecting *Rakta* and *Meda* with *Twak* as *adhithana* and *Vimarg-gaman srotodushti*. Diagnosed as *Dadru Kushta (Tinea corporis)*.

Case 3:

A 36-year-old male loco pilot with a sedentary occupation presented with neck lesions persisting for 1 year, having previously taken antifungal therapy for 3 months without sustained relief. Clinical examination revealed severe itching (*Kandu - Grade 3*), moderately elevated lesions (*Utsanna Mandala - Grade 2*), few eruptions (*Pidika - Grade 1*), and erythema (*Raaga - present*). *Ashtavidha Pariksha* showed *Nadi 74/min*, *Mala asamadhan*, *Jivha alpa saam*, and *Akruti madhyam*, while *Dashavidha Pariksha* confirmed *Pitta-Kaphaj Prakriti* with *Tridoshaj Vikriti*, involving *Rakta* and *Meda* as *dushya*, *Twak* as *adhithana*, and *Vimarg-gaman srotodushti*. Diagnosed as *Dadru Kushta (Tinea corporis)*.

Case 4:

A 26-year-old female IT professional with a sedentary lifestyle presented with lesions over the abdomen and right upper limb for 3 years, with a history of steroid-dependent therapy but no other comorbidities. Examination revealed severe itching (*Kandu - Grade 3*), severe elevated lesions (*Utsanna Mandala - Grade 3*), multiple eruptions (*Pidika - Grade 3*), and erythema (*Raaga - present*). *Ashtavidha Pariksha* showed *Nadi 74/min*, *Mala asamadhan*, *Jivha saam*, and *Akruti sthool*, while *Dashavidha Pariksha* confirmed *Pitta-Kaphaj Prakriti* with *Tridoshaj Vikriti*,

involving *Rakta* and *Meda* as *dushya*, *Twak* as *adhithana*, and *Vimarg-gaman srotodushti*. *Satva* was a *hina* with reduced *Aharshakti* and *Vyayamshakti*. Patient diagnosed as *Dadru Kushta*.

THERAPEUTIC INTERVENTION:

The treatment principle applied in *Dadru Chikitsa* depends on intensity of vitiated *Doshas*, so the combination of appropriate treatment was selected. Depending on the chronicity, planned *Shodhan* and *Shaman Chikitsa* along with a combination of effective drugs. The management was divided into 2 sets of treatment protocol.

- 1) common treatment protocol for all the cases.
- 2) Variable Treatment According to chronicity.

Shodhana chikitsa - *Virechan* and *Jalokavacharan* (2 leeches) at the site of infection over the neck region (weekly once, two sittings) was planned and subsequent *Shamana Chikitsa*. On follow-up, the patient reported marked reduction in itching and lesion elevation with significant improvement in quality of life.

Krimikuthar rasa stopped after 15 days. *Shodhana Chikitsa* was emphasized with *Siravedh* performed every 15 days (4 sittings) at the site of infection (2 leeches over right forearm and 2 over abdominal region). Follow-up showed gradual improvement in itching and lesion severity, with advice for long-term dietary regulation to prevent recurrence.

Pathya Apathya:^[12]

- Dietary advice - Patient was advised to avoid spicy, fried, junk, fast food, heavy food including curd, paneer, cheese and non-vegetarian diet like Fish and meat.
- The patient was also advised to maintain hygiene by washing the parts twice a day and keeping it dry.
- The patient was told to wear loose-fitted cotton clothes.

- The patient was also advised to avoid day time sleep.

Result:

With the abovementioned treatment patients got relief from the symptoms of *Dadru Kushtha*. It can be well appreciated on the basis of reduction in gradation of parameters i.e., *Daha, Raga, Kandu* and *Pidika* as shown in Table no. 3 and also on the basis of photographs documented before and after treatment.

Table 1: First common treatment protocol for all the cases:

Medicines	Dose	Time of administration
<i>Arogyavardhini vati</i>	250MG	After meal (Twice a day)
<i>Gandhak Rasayan</i>	250MG	After meal (Twice a day)
<i>Aragvadh-kapilla vati</i>	500MG	At Bedtime with warm water

Table 2: Individualised and dosha variation approach in above cases.

Table 2.1. Case 1:

Medicine	Dose	Time Of Administration
<i>Nimb+Khadir+Chopchini+Manjishta churna</i>	0.5 gm each	After Meal (Thrice a day) With warm water
<i>Gandhak Malhar</i>		Local Application (TDS)

Table 2.2. Case 2:

Medicine	Dose	Time of administration
<i>Mahatikta Ghrita</i>	2tsp	Empty stomach (early morning)
<i>Mahamanjishtadi Kwath</i>	4tsp	After food (With same quantity of water) (TDS)
Dermacharge Powder		Local Application

Table 2.3. Case 3:

Medicine	Dose	Time of administration
Dermacharge Powder		Local application
<i>Mahamanjishtadi kwath</i>	4tsp	After food (TDS)
<i>Karanj taila</i>		Local application (BD)
<i>Kaishore Guggul</i>	500MG	After meal (Twice a day)
<i>Mahatikta Ghrit</i>	2tsp (<i>shaman matra</i>)	Empty stomach

Table 2.4. Case 4:

Medicine	Dose	Time of administration
<i>Kaishore Guggul</i>	500MG	After food (BD)
<i>Krimikuthar ras</i>	250MG	Bedtime
Tab <i>sriderma</i>	1 tab	After food (Tds)
<i>Mahatikta ghrita</i>	2 tsp (<i>shaman matra</i>)	Empty stomach
<i>Kokam Taila, Yashtimadhu Taila, Madhu</i> and <i>Go-Ghrita</i> in <i>sampramana</i> subjected to <i>mridu snehapaka</i>		Local application

Table 3: Gradation of Parameters before treatment:

Sr no	CASE 1	CASE2	CASE 3	CASE 4
<i>Kandu (Itching)</i> Grade 0- Absent Grade 1- Mild/occasional Itching Grade 2-Moderate or Frequent Itching Grade 3-Severe Itching	Grade 2	Grade 2	Grade 3	Grade 3
<i>Utsanna mandala</i> (Elevated circular skin lesion) Grade 0- Absent Grade 1- Mild Elevated Lesion Grade 2-Moderate Elevated lesion Grade 3-Severe elevated lesion	Grade 2	Grade 3	Grade 2	Grade 3
<i>Pidika</i> (Eruption) Grade 0- Absent Grade 1- 1-3 Eruptions Grade 2- 4-7 Eruptions Grade 3- >7 Eruptions	Grade 2	Grade 1	Grade 1	Grade 3
<i>Raga</i> (Erythema) Absent Present	Present	Present	Present	Present

Table 4: Change in gradation :

Parameters	Case 1 BT/AT	Case 2 BT/AT	Case 3 BT/AT	CASE 4 BT/AT
Kandu	2/0	2/0	3/0	3/1
Utsanna Mandala	2/0	3/0	2/1	3/1
Raga	Present/ absent	present/ Absent	Present/ Absent	Present Absent
Pidika	2/0	1/0	1/0	3/0
Duration of treatment	15 days (2 follow up 0,7)	40 days (5 follow up 0,8,8,8,8,)	48 days (8 follow ups)	7d days (follow up in every 8 days)

Images of all the cases:



Case 1:

Duration of treatment: 8/07/25 -
22/07/25
Days:15 days



Case 2:

Duration of treatment:18/03/25-
28/04/25
Days: 40 Days



Case 3:

Duration of treatment: 28/06/25 -
13/09/25
Days:48days



Case 4:

Duration of treatment: 14/07/25 -
25/08/25
Days:75 days.
Site upper extremities



Case 4:

Duration of treatment: 14/07/25 -
25/08/25

Days:75 days.

Site: Gluteal region

DISCUSSION:

Most of the ingredients of these Proprietary Ayurvedic Medicines, as mentioned in the Tables 1 and 2, are having *Kaṭu*, *Tikta*, *Kashaya Rasa*, which are *Kushtaghna*.

All *Kushta* are considered *Tridoshaj* in Ayurveda, but *Dadru* is described with *Pitta-Kapha* predominance by *Acharya Charaka* and *Vagbhata*, while *Acharya Sushruta* emphasizes *Kapha-pradhana* involvement, with *Rasa* and *Rakta* playing a central role in the *samprapti*^[13]. In the *Samhitas*, repeated use of *Shodhana* and *Shamana* therapies with *Kushtaghna*, *Krumighna*, and *Kandughna* properties is advised, and in this case series treatment was planned according to chronicity. The observed outcomes can be justified by the pharmacological actions of the formulations used. *Arogyavardhini Vati*, a classical herbomineral preparation containing *Kutki*, *Triphala*, *Shilajatu*, *Guggulu*, *Eranda*, and mineral *bhasmas* processed in *Nimba Swarasa*, acts through *Pitta virechana*, *Tridosha*

shamana, *Deepana*, *Pachana*, *Kushtaghna*, and *Kandughna* properties, thereby balancing doshas, enhancing *Agni*, promoting detoxification, and alleviating itching and eruptions^[14]. *Gandhak Rasayan*, prepared with *Shuddha Gandhaka* and herbal *bhavanas*, exerts antibacterial, antifungal, and *Rakta-shodhak* effects, reducing infection, improving complexion, and relieving *Kandu*, *Pidika*, *Raaga*, and *Daha* ^[15,16].

Aragvadh-Kapilla Vati provides *mridu virechana* for *nitya shodhana*, eliminating vitiated *Kapha-Pitta doshas* in *Dadru*. *Mahatikta Ghrita* are recommended in *Kushta chikitsa* for their *Vata-Pitta shamaka* and *Tvachya* properties, supporting skin health and *Kushtaghna* action ^[17]. *Karanja Taila*, described in *Bhaishajya Ratnavali*, has *Krumighna*, *Kandughna*, *Vranaropaka* and *Vranashodhaka* properties, making local application effective for fast absorption and symptom reduction^[18]. *Dermacharge Powder* (AIMIL Healthcare) containing *Shuddha*

Gandhaka, Sphatik, Bakuchi, Gorakhmundi, Motha, Netrabala, Camphor, and Tulsi, acts as *Krumighna, Raktashodhak*, and *Vranaropaka*, reducing *Kandu, Raaga, Utsanna Mandala*, and *Pidika*. *Kaishore Guggulu* with *Mahamanjishtadi Kwath* enhances *Rakta-Meda shodhana* and *Kushtaghna* effects, as *Acharya Sharangdhara* notes that *Manjishtadi Kwath* with *Guggulu* cures *Maha* and *Kshudra Kushta* [19,20]. *Gandhak Malhar*, containing *Shuddha Gandhak, Girisindoor, Tankana, Karpoora, Siktha, and Tila Taila*, is effective in *Dadru* and other *Kushta* through its *Kushthaghna* and *Vranaropaka* properties [21]. *Jaloukavacharana* and *Siravedha* provided *Rakta nirharana*, reducing *Rakta dushti* and erythema. The observed improvements in itching, lesion elevation, eruptions, and erythema correspond well with these pharmacological actions and align with previously published reports on sulfur-based therapies, *Guggulu-Manjistha* combinations and *Shodhana* regimens. Strengths of this case series include integrative *Shodhana-Shamana* protocols tailored to chronicity and comorbidities, while limitations include small sample size, lack of standardized dermatological scoring, absence of microbiological confirmation, and short follow-up. Nonetheless, the outcomes demonstrate that classical Ayurvedic interventions, when applied systematically, can effectively manage *Dadru Kushta*, and future controlled studies with standardized assessments would strengthen the evidence base.

CONCLUSION:

Dadru Kushta, whether acute or chronic, imposes significant physical and emotional distress due to persistent itching and dermatological manifestations [22]

- Ayurvedic formulations such as *Arogyavardhini Vati, Gandhak Rasayana, Aragvad Kapilla Vati, Panchatikta Ghrita, Karanja taila, Dermacharge Powder, Kaishor Guggulu* with *Manjishtadi Kwath*, and *Gandhak Malhar* act synergistically through *Rakta Shodhana, Tridosha Shamaka, Agnivaradhana, Malashodhana, Vatanulomana*, and *Rasayana* properties.
- These formulations relieve cardinal symptoms (*Kandu, Raga, Pidika, Utsanna Mandala*), purify blood, enhance immunity, improve digestion, and restore normal skin complexion.
- *Shodhana Chikitsa*, by eliminating vitiated *doshas* and combining systemic purification with local therapy, may ensure rapid symptomatic relief, sustained remission, and prevention of relapse.

Take-home message: Ayurvedic management of *Dadru Kushta* is holistic, breaking *Samprapti* and offering long-term cure with improved quality of life.

Consent of patient:

The written informed consent has been taken from the patients before stating the treatment and for publication of data without disclosing the identity.

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