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Case Report

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IMPLICATIONS OF HERBAL MANAGEMENT ON SUPERFICIAL DERMATO-PHYTE SKIN INFECTION – A CASE REPORT

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ABSTRACT

Introduction: Tinea corporis is a superficial dermatophyte skin infection. It is a fungal infection usually associated with a circular reddish rash with bumps on the border and a more apparent inside area, along with symptoms like itching. According to Ayurveda, skin diseases are explained under the term "Kushta." However, no direct correlation is mentioned with any skin condition. There are similarities in symptoms so that we can correlate Tinea corporis with *Dadru Kushta*.

Objective: To assess the effect of ancient Ayurvedic herbal management on Tinea corporis.

Methodology: In this case, the patient was annoyed with itching and the recurrence of patches. For the same, he had taken treatment at many private clinics, but he was annoyed with the recurrence and came to us. However, within 7 days, the patient got relief in symptoms with just a few internal and external herbal ayurvedic medications. Medications like *Gandhaka Rasayana*, *Arogyavardhini Vati*, *Sarivadyasava*, *Haritaki churna*, *and Karanja taila were given to* this patient.

Observation and results: Our ancient herbal Ayurvedic management is very effective in Tinea corporis.

Conclusion: Tinea corporis is a superficial dermatophyte skin infection that can be treated quickly with minimal medications.

Keywords: Dadru Kushta, Tinea corporis

INTRODUCTION

Tinea corporis is a superficial dermatophyte skin infection.(1) Tinea corporis is found worldwide but primarily in tropical regions. (2) The chances of acquiring tinea corporis in a lifetime are estimated to be 10-20%. (3) Tinea corporis typically presents as a well-demarcated, sharply circumscribed, oval or circular, mildly erythematous, scaly patch or plaque with a raised leading edge. (4) The lesion of tinea corporis starts as a flat scaly spot, which again spreads circularly and centrally clears to form a characteristic annular lesion, giving rise to the term 'ringworm'.

According to Ayurveda, the skin disease is explained under "Kushta roga". There are many kushta rogas explained under Mahakushta and kshudra kushta. However, a direct correlation is not given for any skin condition. As per the symptoms given, we can correlate them. So, Tinea corporis can be correlated with Dadru Kushta. According to Acharya Charaka, Dadru has given under kshudra kushta. Dadru kushta can be distinguished by symptoms like kandu (itching), raga (redness), pidaka (elevated edge) and mandala (circular). (5) We can correlate dadru with tinea corporis with these similarities in symptoms.

In this case, the patient was annoyed by itching and the recurrence of patches. However, within seven days, the patient was relieved from symptoms with just a few ayurvedic medications.

Patient's information – A 32-year-old male patient came to medicine OPD with complaints of multiple reddish round patches over the thigh region of both legs and severe itching in the last 1 month.

The patient has been suffering from this condition for the last 1 month. He has taken treatment at many private hospitals, and he got temporary relief, but he was annoyed with recurrence and long-term treatment. So, he came here for further treatment.

Past history - He doesn't have any history of hypertension, Diabetes mellitus, bronchial asthma and hypo-hyperthyroidism.

Family history- No history of infection from any household person was found, as he was living alone for job purposes,

Clinical examination - His vital parameters are within normal limits. Ashtavidha pariksha was done and was within normal limits.

Local examination- 4-5 circular, erythematous, welldemarcated patches on each thigh. No discharge from lesions was seen.

Ashtavidha Pariksha (Ayurvedic general assessment)-

Nadi (Pulse) – Pitta kaphaja (76/min); Mala (stool) – Malavastambha (Constipated), and irregular defecation, Mutra (urine) – Prakrita (normal); Jivha (tongue) – sama (coated), Shabda (speech) – prakrita (normal, clear, understandable); Sparsha (touch) – anushnasheeta (Normal); drik (eyes- vision) – Prakrita (normal, no pallor, no icterus); Aakriti (physique) – Madhyama (medium build).

Clinical findings and investigation -

From the clinical findings, he was diagnosed as Dadru.

Table No. 1- Investigations Done

Investigations	Observed value	
Hb%	14.6 gm%	
TLC	6,900/cu mm	
DLC		
Neutrophils	57 %	
Lymphocytes	33%	
Eosinophils	04%	
Monocytes	06%	
ESR	20 mm/1 st hr	
RBS	91 mg%	

Therapeutic intervention -Table No. 2- Treatment Given

Type of treat- ment	Name Of Drug	Dose	Duration
Internal Medica- tions given	Gandhaka Rasayana	500mg twice a day after a meal with water	-
	Arogyavardhini vati	500mg twice a day after a meal with water	
	Sarivadyasava	20ml twice a day after a meal with water	
	Haritaki churna	5 gm at night with lukewarm water	For 14 days.
Medications for External Applica-	Local cleaning With <i>Triphala</i> and <i>Neem kwatha</i>	Once a day at night	
tion	Application of <i>Karanja</i> oil	Twice a day after bathing and after evening <i>triphala</i> + <i>neem kwatha</i> <i>Dhavan</i>	

Follow-up and outcomes -

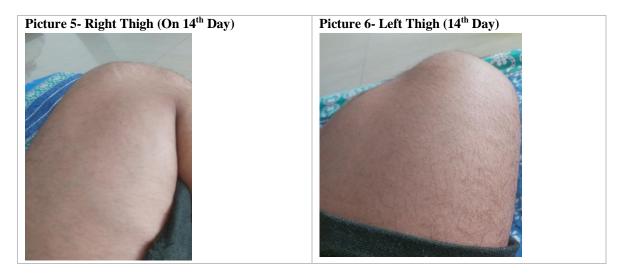




On the first day when the patient visited the OPD, there was severe itching, redness and patches over both thighs on the first visit.



The first follow-up was taken on the seventh day. The patient experienced relief from itching and reduced patches. The redness was completely cured. Medications continued for seven days.



On the 14th day, a second follow-up was taken. The patient was cured completely. Symptoms like redness and itching were absent, and no signs of patches were found. After that, only Sarivadyasava continued for one week. No recurrence was found on the next visit.

DISCUSSION

According to Acharya Charaka, Kushta is Tridoshaja. Furthermore, Acharya Charaka and Acharya Vagbhata have mentioned in their text that Dadru is Kapha-pita and, according to Acharya Sushruta, Kapha Pradhana. Rasa, Rakta Dhatus, Lasika and Twak are Dushyas involved in Dadru. Common symptoms of *Dadru* are *Kandu* (Itching), *Raga* (redness), and *Mandala* (Circular Patches).

The Ayurvedic Samhitas state different types of shodhana and shamana chikitsa. According to the severity of the symptoms, the following shamana dravyas are used for this patient.

Gandhaka rasayana is indicated in all types of *Kushta*. (6) In a study, it has been given as antifungal

and antibacterial. (7) *Arogyavardhini vati* works as *tridosha shamaka, deepana, pachana, kushtaghna.* (8)

Sarivadyasava helps to purify the blood and improves blood circulation and *pidakahara*.(9) Haritaki churna was given as anulomaka, as haritaki works as anulomaka, deepana-pachana.(10) Karanja oil was given because it is jantughna, kandughna, kriminashaka, vranashodhaka, vranaropaka and kushtaghna. (11) Triphala is kushtaghna, vranaropaka, vranashodhaka. (12)

CONCLUSION

This case study showed relief in *Dadru Kushta*, i.e. Tinea corporis, in a very short duration. So, it is concluded that Ayurveda can be a good alternative for this type of skin disorder. This case study is helpful to many Ayurvedic researchers who are researching such types of skin conditions.

REFERENCES

- Hsu S, Le EH, Khoshevis MR., (2001). Differential diagnosis of annular lesions. Am Fam Physician, 64(2), 289 –296. PMID: 11476274. https://pubmed.ncbi.nlm.nih.gov/11476274/
- Ebrahimi M, Zarrinfar H, Naseri A, et al.(2019), Epidemiology of dermatophytosis in Northeastern Iran: a subtropical region. Curr med Mycol,(2),16-21. <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6626</u> 711/

- 3. Adams BB, (2002), Tinea corporis gladiatorum. J Am Acad Dermatol,47(2), 286–290. https://pubmed.ncbi.nlm.nih.gov/12140477/
- Leung AKC, Barankin B(2014), An itchy, round rash on the back of an adolescent's neck. Consultant for Pediatricians, 13,466–469. <u>https://www.consultant360.com/articles/itchy-roundrash-back-adolescent-s-neck</u>
- Saokar R. et al., (2013), Screening of Antibacterial and Antifungal Activity of Gandhaka Rasayana- an Ayurvedic Formulation, International Journal of Recent Trends in Science and Technology, Volume 8, Issue 2, 134-137
- 6. Deshpande AP, Dravyaguna Vigyan, reedition 2005, Pune, Anmol Prakashan, 453,460p.
- 7. Deshpande AP, Dravyaguna Vigyan, reedition 2005, Pune, Anmol Prakashan, 873p.
- Mishra S, Bhaishajya Ratnavali by Kaviraj Govind das Sen, Kshudrarogadhikar,54/111-117, reedition, Varanasi, Choukhamba Surbharati Prakashan, 2016; 871p.
- Shastri Ambika datta, Bhaishajya Ratnavali, 19th edition, Varanasi, Choukhamba Orientalia, chapter 38, verse 22-27.
- 10. Deshpande AP, Dravyaguna Vigyan, reedition 2005, Pune, Anmol Prakashan, 873p.
- 11. Deshpande AP, Dravyaguna Vigyan, reedition 2005, Pune, Anmol Prakashan, 560p.
- 12. Deshpande AP, Dravyaguna Vigyan, reedition 2005, Pune, Anmol Prakashan, 425p.

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