



An Efficacious Clinical Ayurvedic Management of Tinea faciei [*Dadru Kusta*]-A Case Report

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ABSTRACT

Most of the skin diseases are described under heading of *Kusta roga* in Ayurveda. One of them is *Dadru kusta* most common dermatological condition seen in clinical practice with features of *Kandu*, *Raga*, *Pidaka*, *Udgata*, *Mandala*. More to add the incidence contagiousness of *Dadru* is increasing due to tendency of unclean habits and sharing clothes. High moist environmental temperature added with overweight and obesity precipitating increased sweating predisposes to high incidence of the *Dadru* in general population. This illness exhibits a prompt response if treated carefully. *Chakramarda* is a drug which helps in treating the *dadru kusta* as the synonym *dadruhna*. *Chakramarda* possess properties such as *katu*, *ruksha*, *laghu*, *kaphavatahara*, which helps in treating the *dadru Kushta*. A 49-year-old female was examined for Tinea infection. Detailed history, microscopic examinations with 10% KOH was done on skin scrapings revealed the presence of fungi. The treatment of *kusta* includes *shodhana*, *shamana* and *bahirparimarjana* where the topical application played a supreme result within a short course of time.

Key Words: *Tinea Facei*, *Chakramarda bija taila*, *KOH test*, *Aupasargika*

INTRODUCTION

Kushta can be traced back to Vedic era. It is considered to be one of the *Ashta mahagada*. *Kushta* refers to disfiguration and is classified into *Maha kushta*¹ and *Kshudra kusta*². The presence of *purvarupa* and association of *gambhira dhatu* is the feature of *Mahakusta*, which differentiates it from the *Kshudra kushta*. In *Kshudra kushta* there are 11 subtypes. Despite all *tridosha* incessantly involved in the *samprapti* of *Dadru*, predominance of *pitta* and *kapha dosha* is most characteristic which determines the specific symptom complex. *Kandu* (itching), *Pidaka*

(eruption), *Raaga* (Erythema), *Udgatha-mandala* (Elevated lesions) are the typical symptom of *Dadru*³. *Shodhana*, *Shamana* and topical medication form the crux of the treatment of *Dadru*.

Presenting concern:

A 49 years old female with no history of any systemic disorders and no previous medication consulted SDM hospital of Ayurveda Udupi with the complaints of erythematous, elevated, circular, itchy lesions on her face since one year. Initially she observed the maculo-papular erythematous lesion with itching over cheek, as days passed this



started spreading all over face very quickly. Sweating, humidity was aggravating factors and with no relieving factors. She also revealed the exchange of clothes with her sister. No contact with any chemicals or skin irritants and no previous medications for these particular complaints. With family history of superficial tinea infection.

Examination of skin:

Colour and site-Erythematous elevated lesions over cheeks

Lesion type and Distribution- maculo-papular and Symmetrical

Skin type – Dry with normal elasticity

Temperature -Normal, Texture-rough over lesions

Sensation -Normal, Photosensitivity- Absent

Absence of Au spitz, Candle grease signs, Raynaud’s phenomenon.

Lab investigation: She was suggested to undergo KOH test using 10% KOH solution of the skin

Table 1 Comparison of *Lakshana* of *dadrukushta* with the Features of tinea faciei

| Lakshana | Features |
|----------------|---|
| <i>Kandu</i> | Itching -due to vitiation of <i>kapha dosha</i> |
| <i>Raga</i> | Discolouration-probably due to the vitiation of <i>vata</i> and <i>pitta dosha</i> the redish brownish discolouration is mainly found |
| <i>Pidaka</i> | Maculo-papular lesions- vitiated <i>pitta dosha</i> |
| <i>Udgatha</i> | Elevated margin |
| <i>Mandala</i> | Circular patches |

TREATMENT

Patient was advised for external application of *Chakramarda taila* twice a day after cleaning the affected area and left undisturbed and continued for 15days.

RESULTS

Before and after treatment: An effective result was found within three days after the application, the

scrapings directly and microscopic examination revealed the presence of fungi.

NIDANA PANCHAKA:

Nidana: In general the *Kushta nidanas* like *Aharaja, Viharaja, Acharaja* can be taken in account, but in particular case, *aupasargika* and *krimija, viharaja* holds good in the causation of the cutaneous fungal infection as such.

Poorva rupa: *Kandu, Raga*

Rupa: *Kandu, raga, pidaka, udgatha, mandala.*

Upashaya: Nothing Specific

Samprapthi: Schematic representation:

Nidana[sharing clothes]



Spreads from infected person[*aupasargika*]



Krimi enters *twak*



Vitiation of *Rasa, Rakta, Mamsa, Lasika*

symptoms like *raga, pidaka, kandu, udgatha* and *mandalatha*, showed the drastic changes as shown in the Figure 1 and Figure 2 below. To say there is maximum remission from the symptoms, with negative result of potassium hydroxide test, within short course of time and no reoccurrence during follow-up.



Figure 1 (Before treatment)



Figure 2 (After treatment)

DISCUSSION

Dadru kushta is mentioned in all the texts with varied opinion *kshudra kushta* or *mahakushta*, doshic dominance and symptomatology, but considering the *lakshanas* like *kandu*, *raga pidaka*, *udgatha* and *mandala* signifies the *kapha pitta* dominance⁴ matches with the signs and symptoms of the tinea infection like erythematous, round, elevated margin with central clearing and itching.

Further the potassium hydroxide test confirms the presence of tinea, which directly makes the diagnosis of *dadru kushta* as stated before where the *krimi* as one of the causative factors in manifestation of *dadru*. This spreads from person to person or on one's own body due to direct contact, exchange of clothes, overweight and obesity and moist climates add on to the propagation of infection. The revealed history of shared clothes aided in diagnosing the condition as

aupasargika nature of *dadru kushta*. As mentioned *dadru* as *sankramika roga* in classics⁵. *Samanya chikitsa* is the management in general, considering the *bala* and *abala* of the patient and *roga*. *shodhana*, *shamana*, *vyadhihara rasayana* and *bahirparimarjana Chikitsa* are the crux of principles of treatment for *kushta*. Repeated administration of *shodhana* has been given importance in literatures. Due to fast and furious life, *bahirparimarjana chikitsa* would rather play a great role in the present condition.

External application of *chakramarda bija taila* helps in clearance of the disease as the superficial tinea infection is considered. *Chakramarda* due to its *dadrughna*, *Kandughna* and *krimihara* property, the Kapha and Pitta dominance of the disease is rectified.

Seed of chakramarda: Fatty oil consisting of Oleic, Lenolic, Palmitic and Lignoceric acids and Sitosterol. It also contains glucoside like chryophanic acid⁶. Anthraquinones and fixed oils⁷, proved to have antifungal effect. *Pathya & Apathya* plays a vital role in remission of this disease and by *nidana parivarjana* helps to keep the disease progress in control.

CONCLUSION

The medication selected is based on the direct action on the specified case which helped in correction of the pathogenesis and proved as documented evidence for the successful management and fast recovery of the *Dadrukushta* with respect to Tinea faciei with *bahirparimarjana chikitsa* in form of *Chakramarda taila*. Thus, The November 10th 2020 | Volume 13, Issue 3 | Page 85



Bahirparimarjana chikitsa itself proved more efficient than any *shodhana*.



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