

Ayurvedic Management Of Tinea Corporis Through Panchakarma & Shamana Chikitsa- A Case Report

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Abstract

Skin issues have been on the rise in developing nations such as India and tropical regions in recent years and they contribute to a significant burden on health-care systems across the world. Most of the data on the epidemiology of skin disease from India is in the form of small case series or surveys from hospitals or communities and it does not give us the true picture of disease burden in the country. This upward trend can be attributed to factors such as weakened immune systems, unsanitary living conditions, and inadequate nutrition. These patients may experience physical discomfort or visible changes in their appearance, which can impact their self-esteem and overall emotional well-being. Among the various types of skin infections, tinea corporis, commonly known as ringworm infection, is a rapidly spreading condition that affects individuals of all age groups. This skin infection can be correlated with *Dadru Kustha*, a term used in Ayurveda (traditional Indian medicine) to describe a similar condition. *Dadru* (tinea corporis), is characterized by the presence of elevated skin lesions that are accompanied by rashes, itching, redness, and a burning sensation. These lesions typically appear in a circular shape, resembling a ring, which is why the condition is commonly referred to as ringworm infection. The affected area may exhibit inflammation and discomfort, leading to persistent itching and a sensation of heat or burning. In this present case study, a patient with *dadru kustha* (tinea corporis) was treated with *Panchakarma Sodhana* (bio-purification therapy) and *shamana chikitsa* (conservative treatment). After 31 days, significant improvement was observed in *raga* (round erythematous scaly patches), *mandala* (reddish round patches), *kandu* (itching) and *rookshata* (dryness).

Keywords: *Dadru*, *Kustha*, Tinea Corporis, Ring worm, *Panchakarma*.

Introduction

Our skin condition significantly influences our self-confidence and mental well-being. Our skin, being the longest organ, plays a vital role in protecting us, regulating body temperature, and sensing touch. Conversely, skin issues such as acne, eczema, fungal infections, psoriasis, or visible scars can negatively impact our self-esteem and mental health.

Over 5.7 crore Indians are affected by serious fungal diseases, 10 percent of which are from potentially deadly mold infections, according to a review of over 400 published research articles. Fungal disease is frequent in India, but its incidence and prevalence are unclear. [1] It primarily occurs in childhood and adolescence. Tinea corporis can be attributed to various dermatophytes, although the main culprits are *M. canis*, *T. mentogrophytes*, and *T. rubrum*. Another causative agent is *M. audouinii*. [2]

Responsible factors include inadequate hygiene practices due to limited access to water, adverse climatic conditions, and overcrowded living conditions. Additionally, there is a strong correlation between low socioeconomic status and the elevated prevalence rates of these skin diseases. Infection can occur usually due to direct contact between skin and soil, animals, or other human skin. Secondary infections usually occur due to direct contact with patients with tinea. [3] Generally, a fungal infection can be very superficial (stratum corneum, hair and nails) deep, involving skin by hematogenous spread. In synchronous science commonly used drugs are for topical use like, terbinafine, miconazole cream whereas for Systemic terbinafine griseofulvin and Itraconazole [4]. Treatment resistant dermatophytoses caused by *Trichophyton rubrum* (T. rubrum) or *Trichophyton mentagrophytes* (T. mentagrophytes)/*Trichophyton indotineae* have recently emerged as a global public health issue. This phenomenon is spreading and is particularly important in endemic areas such as India. [5]

Due to equality of symptoms *Dadru* can be correlated with *Tinea corporis*, which is a fungal skin infection. [6] The related fungi are dermatophytes capable of causing skin changes of the type known as *Tinea* or ringworm infection or dermatophytosis or *Mycosis* [7]. *Kushta* is also considered as one of the eight *mahagada* (dreadful diseases). Acharya *Charak* mentioned *dadru* into *kshudra kushtha* but Acharya *Sushrut* explained it into *maha kushtha*. [8] [9]. Acharya *Sushruta* and Acharya *Vagbhata* have included under *Mahakushta* [10] [11]. *Vishamashana* (Incompatible food), *vegavidharana* (suppression of natural urges), *diwaswapa* (daytime sleeping), intake of *atilavana* and *atitikshna ahara* (excessive salty or spicy food), intake of contaminated food, after physical work drinking cold water or *atapsevana* (exposure to sunlight) are causative factors of *Kushta* [12]. *Kandu*(itching), *pidika* (eruption), *raaga* (redness), and *utsana mandal* (elevated patches in round shape) are the symptoms of *dadru* [13].

Case history:

A case of 23 years male patient (OPD.no.23013856 and IPD.no. 232273) with complaints of Scaly Patches (*Matsyashakalopamam*) over the buttock and groin region with red demarcation with *Mandalotpatti*, Reddish round or circular patches on the chest and back region (*Mandalotpatti*), Elevated peripheral part of lesions, Itching aggravating during the night, Reddish Discolorations since last 1 year. For the above-mentioned chief complaints, the patient took allopathy medications, and to get relief for a short duration and again the reoccurrence of symptoms started. His condition gradually worsens due to the re-occurrence of the symptoms and increasing intensity of itching. Hence, the patient came to Panchakarma O.P.D, P.A.H. for the management of the same.

Past history:

The patient was apparently healthy 1 year ago, then he gradually had above-mentioned complaints and then he consulted a skin specialist and managed to get relief after 4 weeks of treatment but again he had a reoccurrence. After 6 months of treatment, there was antifungal drug resistance for which his consultant prescribed for higher doses of anti-fungal and tropical lotion. After 1 week of higher-dose medications, the patient developed symptoms like nausea and his appetite was reduced gradually.

- No H/O- DM, HTN, TSH, or Surgical Procedures.

Personal history:

Personal history revealed a mixed diet, reduced appetite, irregular bowel habits, and sleep disturbance due to itching. He was addicted to tobacco chewing since 5 years but stopped since 1 year occupationally being a chef in a canteen, the patient continuously exposed to hot temperatures regularly during the job time since 8 years.

Medical History:

The patient was under allopathy medications, i.e., anti-fungal and tropical lotion. And after 6 months of treatment, there was a history of drug resistance.

Family history:

No such history

On examination:

- General condition: Moderate

- Pulse rate: 82/min
- B.P: 120/80 mm of Hg
- R.R: 17/min
- H.R: 72/min

Ashtavidha pariksha:

- *Nadi* (pulse)-*Vata* Pitta
- *Mala* (bowel habits)-occasionally hard
- *Mutra* (urine)- Regular
- *Jivha* (tongue)-Mild coated
- *Shabdham* (voice of patient)-NAD
- *Sparsham* (touch) - *Samshitoshna* (temperate)
- *Druka* (eye & vision) – NAD
- *Akriti*(body building)-*Madhyama* (medium)

Systemic Examination:

- Respiratory System: - AEBE Clear
- Cardiovascular System: - S1S2 heard.
- CNS: - All superficial reflexes are intact, Patient is conscious and well oriented
- GIT: - Soft Abdomen, Bowel sound heard, No Pain or any other symptoms

Local Examination:

- Shape- Circular-shaped lesion
- Size- Multiple Patches, no specific size. (Ranging from 5mm to 15cm too)
- Colour- Blackish red
- Secretion-Absent (occasionally *lasika srava*)
- Elevation-Present (at periphery)
- Pain-Absent
- Inflammation-Absent
- Loss of Sensation- No

Samprapti Ghataka:

- *Dosha*- *Pitta Pradhana Kapha*
- *Dushya*- *Rasa, Rakta, Mamsa, Ambu*
- *Srotas*- *Rasavaha, Raktavaha, Mamsavaha, Svedavaha*
- *Srotodushti*- *Sanga*
- *Ama*- *Sama*
- *Udbhavasthana*- *Amashaya*
- *Vyaktisthana*- Inguinal region, Chest region, both buttocks

Diagnosis:

From the clinical features, it was diagnosed as *Dadru Kustha*.

Investigation:

CBC, RBS, URINE ROUTINE & MICRO, AND ECG were within normal limits.

Treatment given:

Purvakarma: (Deepana, Pachana & Snehapana)				
Drug/Procedure	Dose	Anupana	Time	Duration
<i>Trikatu churna</i>	3gm	Luke warm water	Before food TDS	Day 1-3
<i>Mahatikta ghrita</i>	30ml	Luke warm water	7:00 AM	Day 4
<i>Mahatikta ghrita</i>	60ml	Luke warm water	7:15 AM	Day 5
<i>Mahatikta ghrita</i>	90ml	Luke warm water	7:00 AM	Day 6
<i>Mahatikta ghrita</i>	150ml	Luke warm water	7:20 AM	Day 7
<i>Mahatikta ghrita</i>	190ml	Luke warm water	7: 00AM	Day 8

- After *samyaka snigdha lakshana* attained, on day 9, i.e, *vishrama kala*, *Sarvanga Abhyanga* with *Nimba taila* followed by *Baspha sweda* was done.

Samyaka Snigdha Lakshana:					
Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5
<i>Vatanulomana</i>	Absent	Present	Absent	Absent	Absent
<i>Diptagni</i>	Absent	Present	Present	Absent	Absent
<i>Twak Snigdhata</i>	Absent	Absent	Absent	Present	Present
<i>Purisha Snigdhata</i>	Absent	Absent	Absent	Present	Absent
<i>Klama</i>	Absent	Absent	Present	Absent	Absent
<i>Snehodvega</i>	Absent	Absent	Absent	Present	Present
<i>Adhata snehadarshana</i>	Absent	Absent	Absent	Present	Absent

Jiryamana Lakshana:					
<i>Jiryamana Lakshana</i>	Day 1	Day 2	Day 3	Day 4	Day 5
<i>Shiroruk</i>	Present	Absent	Absent	Absent	Absent
<i>Bhrama</i>	Absent	Absent	Absent	Absent	Absent
<i>Nishteeva</i>	Absent	Absent	Absent	Absent	Absent
<i>Murcha</i>	Absent	Absent	Absent	Absent	Absent
<i>Sada</i>	Absent	Absent	Absent	Absent	Absent
<i>Arati</i>	Absent	Absent	Absent	Absent	Absent
<i>Klama</i>	Absent	Absent	Present	Absent	Absent
Jirna Lakshana:					
<i>Shamana of Jiryamana Lakshana</i>	Absent	Present	Absent	Absent	Absent
<i>Laghavata</i>	Absent	Present	Present	Present	Absent
<i>Vatanuloman</i>	Absent	Present	Absent	Absent	Absent
<i>Swasthya</i>	Present	Present	Absent	Present	Present
<i>Kshut</i>	Absent	Absent	Absent	Absent	Absent
<i>Trishna</i>	Present	Present	Absent	Present	Present
<i>Udgar shuddhi</i>	Present	Present	Present	Present	Absent

Pradhana karma:

- On the 10th day- After *Sarvanga Abhaynaga* with *Nimba taila* followed by *Baspha sweda*, *Vamana karma* was done.

Paschat Karma:

- Asked to take bed rest. *Dhumapana* was given at 8:20 AM which was made of *haridra*, *trikatu churna*, and *murchita goghrita*. After *dhumapana Samsarjana Krama* was advised as per *Shuddhi* attained, i.e., *Samsarjana karma* was advised for 7 days, which contains 3 *Anna Kala*. In 1st *Anna kala* *Peya* was advised. Gradually *Ahara* was changed (*Laghu to Guru Guna Pradhana*), and finally normal diet was given in the evening of the 7th day. After the completion of *Samsarjana krama*, *Shaman* medicine was started 16th day to pacify the remaining vitiated *Pittadi Doshas*.

Sr. no.	<i>Vamana Karma</i>	Remarks
1	<i>Vaigiki</i>	<i>Uttam shuddhi</i> i.e., 8 vega
2	<i>Maniki</i>	Input: 11lit Output :11.5lit

3	<i>Antiki</i>	<i>Kaphanta</i>
4	<i>Laingiki</i>	<i>Samyaka Vamana Lakshana</i> observed

Sr. no.	Medicine	Dose and Dosage	Duration
1	<i>Arogyavardhini vati</i>	2 TID (A/F)	Day 16-31
2	<i>Panchatikta ghrita guggul</i>	2 TID (A/F)	Day 16-31
3	<i>Gandhak rasayan</i>	2 TID (A/F)	Day 16-31
4	<i>Manjistadi kashayam</i>	20ml BD (B/F)	Day 16-31
5	<i>Gandhak Malahar</i>	For Local Application	Day 16-31

Observation and result:

Gradation Scale

Scaling (<i>Matsyashakalopamam</i>)	
Grade	Score
No Scaling	0
Mild Scaling by rubbing/by itching	1
Moderate scaling by rubbing/by itching	2
Severe scaling by rubbing/by itching	3
Scaling without rubbing/by itching	4
<i>Kandu (Itching)</i>	
Grade	Score
No Itching	0
Occasional Itching	1
Frequent but tolerate itching	2
Very severe itching disturbing sleep and activity	3

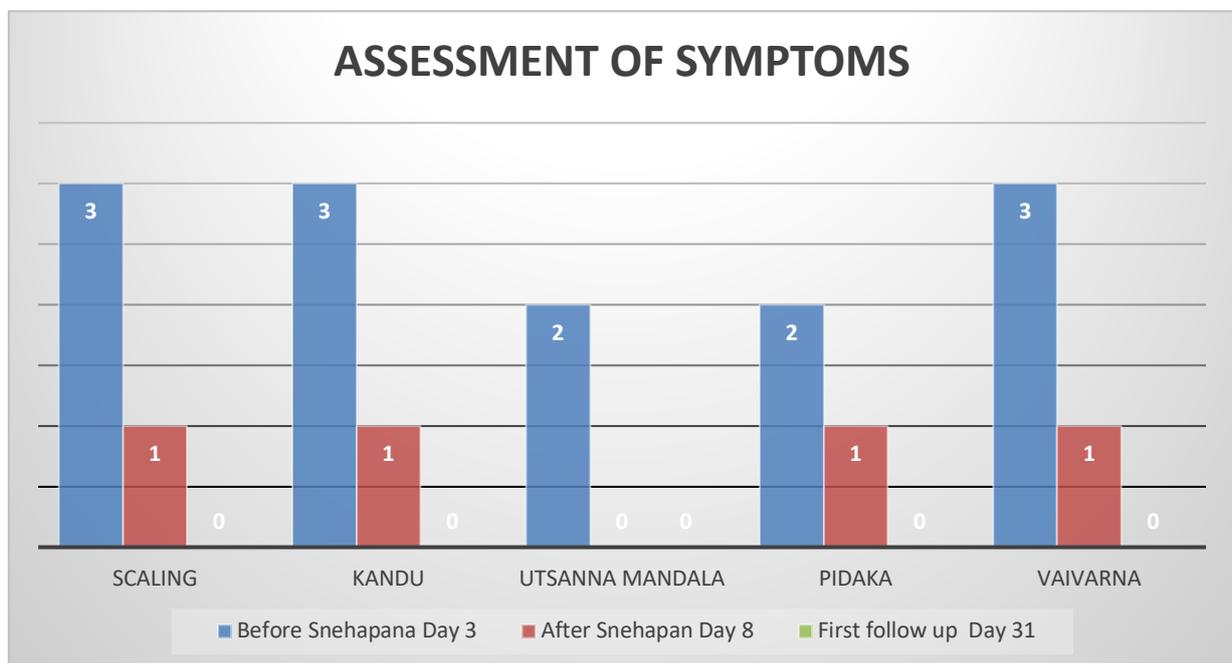
<i>Vaivarna</i>	
Grade	Score
Normal discolouration	0
Slight discolouration	1
Reddish discolouration	2
Slight reddish black discolouration	3
Black discolouration	4

<i>Pidaka</i>	
Grade	Score
Absent	0
Disappears but discolouration persists	1
<i>Pidaka</i> in <5sq.cms. in whole of the affected area	2
<i>Pidaka</i> in between 5-10sq.cms. in whole affected area	3

Many or uncountable <i>pidaka</i> in whole of the affected area	4
Utsanna mandala	
Grade	Score
Absent	0
Mild elevated lesion	1
Moderate elevated lesion	2
Severe elevated lesion	3

Based on results found during treatment, observations were quoted below (Gradation as per above tables).

Lakshana	Before Snehapana Day 3	After Snehapana Day 8	First follow up Day 31
Scaling	3	1	0
Kandu	3	1	0
Utsanna mandala	2	0	0
Pidaka	2	1	0
Vaivarna	3	1	0



Discussion:

Acharya *charaka* already said in *kushta chikitsa adhyaya* in *chikitsastahna*, In *vataja kushta*, firstly, administer *ghritapana*, whereas *kaphaja kushta* *vamana* procedure should be done and in *pittaja*

kushtha, *virechana* along with *raktamokshana* should be first line of treatment [14]. The *dosha* which are pacified by *shodhana* never reoccur but those pacified by *samana* may reoccur. By *shodhana*, the *dosha*'s will be detached from their root. By this, the chances of establishment of disease are nil [15]. In the present case study, *Vamana karma* followed by *Shamana chikitsa* was administered because, *Dadru* is predominant of *pitta pradhana kapha dosha*.

Deepana-Pachana Trikatu (*maricha, pippali, shunthi*) has *Kaphavatahara, Srotoshodaka* and *Pittakara* action. With *Srotoshadhana* it brings *Doshas* to *Koshtha* [16].

Abhyantara Snehapana (internal oleation)

The *Doshas* has its own *Gati* in body, and in *Vyadhi Avastha* the *Doshas* will be aggravated and may be present in *Shakhas*. *Shodhana Chikitsa* (Purification therapy) aims to expulsion of this vitiated *Doshas* from the body either by *Urdhwamarga* i.e., *Vamana karma* or *Adhomarga* i.e., *Virechana karma* [17]. In these case *snehapana* done with *Mahatikta ghruta* with increasing in dose. *Acharya Sharangdhara* has described *Mahatikta ghruta* in *madhyama khanda*. In the *phalashruti* of the *mahatikta ghruta acharya* has mentioned that it is a remedy for *kushtha*. After studying *guna* of contents of *mahatikta ghruta*, it was selected for the treatment. All *dravyas* in the *ghruta* are *Tikta rasatmaka, Madhura vipaki* and *Ushna viryatmaka* so they have affinity towards *Rasa dhatu* and ultimately towards skin [18].

Pradhan karma – *Vamana* was performed as a *pradhana karma* here. Because *Dadru* being *Pitta Pradhan Kapha* Predominance, but the *Udbhavasthana* is *Amashaya*, best treated by *Vamana procedure*.

Samsarjana krama was advised to patient for 7 days according to 3 *Aana kala* considering the *Pravara Shuddhi* (Best shudhi). Due to *shodhana agni* got hampered So *Samsarjana krama* enhances *agni* as well as provide strength to the body after *Vamana karma* [19]. Hence the patient was kept on *laghu, pathyaha*.

Shamana Chikitsa:

- 1) *Arogyavardhini Rasa*: It is Herbomineral formulations. It is having *Kushtahara, Durmedahara, Kledahara, Dhatu Gata Amapachana, Raktaprasadana*, and also having *Deepana-Pachana* and *Kapha-Vata Shamaka* property, all these qualities are very much helpful for *Samprapti Vighatan* of *Kushta* [20].
- 2) *Panchatiktaghrut Guggulu*: This is a very potent drug of choice in *Kushtha Adhikara* and this indicated in *Visham* and *Atiprabala Vata*. *Nimba, Kankari, Vasa, Amruta, and Patola* are the contents of *Pancha tikta*. [21].
- 3) *Gandhak rasayan*: It is having properties like *Kushtagna, Rakta Doshahara, Vishaghna, Vranasodhana, Ropana, Rakta-Tvakgata Vishahara, Durmedhohara, Rasayana, Dhatubalya*. All these properties are essential to treat *Dadru* [22].
- 4) *Manjistadi kashayam*: This medicine is mainly used in the treatment of various skin diseases. *Manjistadi kashaya* helps in the natural purification of blood so can be used in skin diseases. *Manjishtadi Kashayam* helps in blood detoxification and also dissolves the obstructions in blood flow [23].
- 5) *Gandhak Malahar*: It is an ointment based which is used to treat skin diseases such as ring worm infection, jock itch, tinea infection, allergic dermatitis, eczema etc. It contains, *Sikta taila, Gandhaka, Girisindura, Tankana Bhasma, Ghanasara*, etc. Its seed is anti-inflammatory, anti-fungal, anti-bacterial and effective in skin diseases [24].

Conclusion:

Kushtha is co-related to tinea corporis or ringworm infection or dermatophytosis. It is a contagious disease that can spread through skin-to-skin contact of the affected patient. Hence as a preventive measure, it needs self-isolation and personal hygiene. The documented case provides evidence of the successful management of *Dadru Kushtha*, primarily a *Pittakapha pradhana* disorder, through various treatment approaches such as avoiding causative factors, palliative treatment, and bio-purification therapy like *vamana karma*. These treatments aim to eliminate the root cause of the disease and minimize the chances of reoccurrence In

kustha, Shodhana chikitsa plays an important role in eradicating it from its root and having a very low probability of reoccurrence.

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