

MANAGEMENT OF *DADRU KUSTHA VIS-À-VIS* TINEA CORPORIS BY EXTERNAL APPLICATION OF *KINVA* : A CASE STUDY

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ABSTRACT

Skin is a most visible and important organ of our body. Most common causes of Skin diseases are bacteria, fungi etc. Tinea corporis is a frequently occurring infectious skin disease, caused by poor hygienic conditions. Prevalence of Tinea infections is about 10-20 % of overall skin diseases. On the basis of signs and symptoms, tinea simulates with *Dadru kustha*. In the present study, a case of *Dadru kustha vis-à-vis* tinea corporis has been treated with Panchatikta churna and kinva lepa. After three weeks of treatment, significant improvement has been observed in parameters like *kandu* (itching), *daha* (burning sensation), *rookshata* (dryness), *raga* (erythema), *pidika* (eruptions) and *utsaana mandala* (elevated circular skin lesion).

Keywords: *Kinva lepa* , *Dadru kushtha* , *Panchatikta churna*, tinea corporis, probiotics

INTRODUCTION

According to Ayurveda Skin is one of *dnyanendriya*, a sensory organ of our body which performs various physiological functions, which also reflects status of *rasa dhatu* in the body. According to modern physiology it prevents our body from different infections; which is also a most visible part of human body. Any skin disease can create physical as well as psychological problems in an individual. Skin diseases can affect an individual at any age.¹

In Ayurveda there is a wide description of skin diseases. Under the title of *kustha roga*, different skin diseases have been explained in different Samhitas. It is also considered as one of the eight *Mahagada*. There are eight types of *Maha kustha* and 11 types of *Kshudra kustha*. *Dadru kushtha* is classified as a *kshudra kustha* by Acharya Charaka² and *Maha kustha* by Acharya Sushruta³. Clinical features of *dadru kustha* are *kandu* (itching), *raga*

(erythema or redness), *pidika* (eruptions) and *utsanna mandala* (elevated circular skin lesion) and color of the lesions is as like *atasi pushpa*.² It is a *tridoshaja vyadhi* with predominant vitiation of *pitta* and *kapha dosha*. Intake of *viruddha aahara*, habit of *vega dharana*, drinking *ati shita jala* just after *aatapa sevana* or after *shrama*; *divaswapa*, *ati lavana* and *ati amla ahhar sevana* are some of common causes for this disease.³ On the basis of clinical appearance, *dadru kustha* is mostly simulates with tinea corporis.



fig.1 Atasi flower (pic. courtesy google.)

CASE STUDY

A 22-year-old male presents with superficial lesions on his trunk. On

examination, the man is found to have roughly circular skin lesions all over his body. The lesions ranging from 4 to 20 cm in diameter with well demarcated edges were found. The edges of the lesions are inflamed, and mostly there lies no inflammation in the center of the larger lesions. The borders of the lesions are slightly raised, and reddened. The centers of some lesions are hypopigmented with noticeably rough and discolored skin (like *atasi pushpa*). He indicates that the lesions first developed about a year earlier and have been enlarging steadily. He visited the O.P.D dated 04.09.2018. with Itching and another associated symptoms. On examination it was found that lesions were itchy, but not painful. It appeared as superficial, affecting only the cutaneous layer of the skin, with remarkably darkened and rough skin, there are no other physical findings. He consulted an allopathic dermatologist for the same and was diagnosed with tinea corporis. He took allopathic treatment which includes both systemic & topical medication and also experienced significant relief initially. But after sometime, such circular and red patches with itching & burning sensation reappeared on the previous site. Other physical parameters were found normal.

Diagnosis-

Expanding circular lesions with inflamed, raised, well demarcated margins are highly suggestive of tinea corporis, more commonly known as ringworm of the body. The term tinea comes from the Latin word for worm and refers to the serpentine lesions that are characteristic of the disease and that appear as though a worm is burrowing at their margin. Tinea corporis is caused by various species of dermatophyte fungi, especially those in the genera *Trichophyton* and *Microsporum*. *Trichophyton rubrum* is the most frequently encountered causative agent.⁴ The preliminary diagnosis is made primarily on clinical grounds (i.e., the physical appearance of the lesions and the history of their development). According

to Sushruta *dadru kushtha* shows pidika, circular lesions resembling lotus leaves and its colour is like *atasi* flower (fig 1) or *tamra varna* and also shows tendency to spread like *visarpa* and *kandu*, *utsanna mandala*, *chirkaritva* were the common signs. On the basis of these references diagnosis is made as tinea corporis vis a vis *dadru kushtha* and advised to take oral medication i.e. *Panchatikta churna* 1gm twice in a day with lukewarm water and external application of *kinva* and *til taila* combination once in a day.

MATERIAL AND METHODS:

In the present case study, following treatment has been given to the patient:-

1. Name of the medicine - *Panchatikta churna*

Dose- 1 gm twice

Route – oral after meals

Anupana- luke warm water

2. Name of the medicine- *kinva 100ml+*
til tail 100ml.

Dose- as per requirement

Route- External application all over the body once at bed time

Case follow- up

Assessment of the skin lesions was done on first visit and patient follow up was done weekly, for the consecutive three weeks.

Dietary and lifestyle modifications

Patient was advised to avoid incompatible food items, junk/fast food, excessive oily-salty-spicy food & was advised to avoid day-time sleep. Patient was suggested to maintain personal hygiene and was advised to change clothes twice a day.

Assessment parameters with their grading:

1. *Kandu* (Itching) –
Grade 0- Absent

- Grade 1- Mild or Occasional Itching
Grade 2 – Moderate Itching
Grade 3 – Severe Itching
2. *Raga* (Erythema) –
Grade 0 - Absent
Grade 1 - Mild redness (pinkish appearance)
Grade 2 - Moderate redness
Grade 3 - Deep brown appearance
3. *Daha* (Burning sensation) –
Grade 0 – Absent
Grade 1 – Mild burning sensation
Grade 2 – Moderate burning sensation
Grade 3 – Severe burning sensation
4. *Utsanna mandala* (Elevated circular skin lesion) –
Grade 0 – Absent
Grade 1 – Mild elevated lesion
Grade 2 – Moderate elevated lesion
Grade 3 – Severe elevated lesion
5. *Pidika* (Eruption) –
Grade 0 – Absent
Grade 1 – 1-3 eruptions
Grade 2 – 4-7 eruptions
Grade 3 - > 7 eruptions
6. *Rookshata* (Dryness of skin) –
Grade 0 – Absent
Grade 1 – Mild *rookshata*
Grade 2 – Moderate *rookshata*
Grade 3 – Severe *rookshata*

RESULTS



fig. 2 on day 1st



fig. 3 on day 8th



fig. 4 on day 15th

In the present case study, significant relief has been observed in symptoms like *Kandu*, *Daha* and *Pidika* at all skin lesions (fig 2 to 4). *Rookshata*, *kandu*, *daha*, *pidika* which were major features has been completely vanished after the treatment. Only *raga* or light circular hyper pigmented mark was present at the sites of *dadru kustha* with significant improvement. During the study, a significant improvement has also been observed in appetite and bowel habits.



| Signs | Day 1(fig 2) | Day 8 th(fig 3) | Day 15 th (fig 4) |
|-----------------|--------------|-----------------|------------------------------|
| Kandu | 3 | 1 | 0 |
| Raga | 3 | 2 | 1 |
| Daha | 1 | 0 | 0 |
| Utsanna Mandala | 2 | 1 | 0 |
| Pidika | 3 | 2 | 0 |
| Rukshata | 3 | 2 | 1 |

Table 1. showing comparative improvement in patient during follow up.

DISCUSSION

Choice of drugs

Panchatikta curna is a well known, extensively used ayurvedic formulation indicated in *kustha roga* by *chakradatta*. This formulation mainly contains equal quantity of powders of *Vasa(adhatoda vasaka)*, *Guduchi(tinospora cardifolia)*, *Nimba(Azadirachta indica)*, *kantakari(Solanum virginianum)*, *Patola(Trichosanthes dioica)* which are known for its antiviral, anti bacterial, anti fungal and immunomodulatory properties⁵. It also posses wide range of pharmaceutical actions against all tyapes of *kustha*, *dushta vrana*, *krimijanya roga*, *arsha* and *kasa and jwara*⁶. As patient is from low economical group instead of *Panchatikta ghrita*, *kwatha* part of *Panchatikta ghrita* is used.. Charaka mentioned that all *kushthas* are basically *tridoshaj* and *kricchasadhya* in nature.⁷ *Panchatikta churna* shows *tridoshagna*, *deepan*, *pachana* properties thus could be a choice of drug for management of every *kushtha*.⁶

Kinva or *surabij* for external application on *kushtha* especially on *mandal kushtha*, *yonivyapad*, *nadivrana*, *mutrashaya vikruti* and *dushta vrana*. It is mentioned in all treatises, and also used internally for management of *udara*, *rajyakshma*, *vatavikara*, *lutha visha*, etc.⁷

Sura bija contents especially yeast or live bacteria of *Saccharomyces Pastorianus* which is used for alcoholic fermentation of *Asava* and *Arishtas* in Ayurveda, for local application yeast can be used with *lavana*, *dadhi*, *kshira*, *sneha* etc. For economical convenience we decided to use *tila* oil as a media for external application of yeast which can also be useful for dry skin in the patient.

About the disease-

It seems that there is major differences between Charaka and Sushruta samhita about the nomenclature of this type of *kushtha*, Sushruta mentioned these signs in *dadru* and included it in *mahakushtha*, while Charaka included it in *kshudra kushtaha*, commentators of Sushruta samhita gave some clarification with two types of *dadru* and clarified that Sushrutasa *sita dadru* has rembalance with Charakas *dadru* while *Asita dadru* is *kricchasadhya vyadhi* and included in *mahakushtha* by Sushruta which is named as a *Mandal kushtha*.by Acharya charaka⁸

CONCLUSION

Dadru kushtha is a common skin disease which clinically simulates with *tinea corporis*. Now a days in some patients in urban part of India, *tinea corporis* shows resistance to conventional antifungal agents. As it is a contagious disease, maintaining personal hygiene is an



important part in its management. The present case study concludes that use of Ayurvedic medicines like *Panchatikta churna*, and external application of *kinva* with *til taila* is very effective in the management of *dadru kustha*.

SCOPE FOR FURTHER RESEARCH

Probiotics are live microorganisms that are intended to have health benefits. It include foods (such as yogurt), dietary supplements, and products that aren't used orally, such as skin creams.

Many microorganisms help our bodies function properly. For example, bacteria that are normally present in our intestines help digest food, destroy disease-causing microorganisms, and produce vitamins. Various researchers has looked at numerous probiotic ingredients for skin, most of them are used for its antioxidant or

anti allergic property, mostly live bacteria like *Lactobacillus*, *Bifidabacterium*, *Vitreoscilla*, are used in appropriate media. But in Ayurveda yeast or *kinva* or live bacteria of *Saccharomyces Pastorianus* is used since thousands of years, most interestingly it is used against fungal infections of skin, genitourinary tract, sinuses, & inflammatory skin conditions. More research in this field can definitely prove its utility and provide a new approach in the treatment of fungal infections of skin and genitor-urinary system.

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