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MANAGEMENT OF DADRU KUSHTHA (TINEA CORPORIS) THROUGH AYURVEDA IN A CHILD: A CASE REPORT

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ABSTRACT

Background: *All skin diseases in Ayurveda are classified under the broad headings of Mahakushtha and Kshudrakushtha. Dadru Kushtha, characterised by circular elevated erythematous patches with intense pruritus, corresponds closely to Tinea Corporis (ringworm) in contemporary dermatology. It is a Raktapradoshaja Vyadhi predominantly involving Kapha-Pitta Dosha vitiation.*

Case Presentation: *A 14-year-old male child presented with round, elevated, erythematous patches over the shoulder, flank, buttocks, axilla, and back region, accompanied by severe itching since 2–3 months. Prior allopathic treatment had yielded unsatisfactory results. After classical Ayurvedic diagnosis using Dashavidha Pariksha and Nidana Panchaka, the patient was diagnosed with Dadru Kushtha having Pitta-Kapha dominance.*

Intervention: *Shamana Chikitsa (conservative pharmacotherapy) was administered in three sequential phases comprising Gandhaka Rasayana, Arogyavardhini Vati, Bidangadi Lauha, Mahamanjisthadi Pachana, Syp. Raktashodhini, Syp. Triphala, Syp. Telekt, Twaquare Ointment, Nalpamaradi Taila, and Siva Drops. Treatment spanned 45 days across three follow-up visits.*

Outcome: *Significant clinical improvement was observed across all assessed parameters — Kandu (itching), Utsannamandala (elevated lesions), Raga (erythema), lesion area, and size — following completion of treatment. No adverse effects were reported.*

Conclusion: *This case demonstrates that combined Bahiranga and Antaranga Shamana Chikitsa with classical Ayurvedic formulations offers a safe and effective alternative for the management of Dadru Kushtha in paediatric patients.*

KEYWORDS: *Dadru Kushtha, Kshudrakushtha, Tinea Corporis, Shamana Chikitsa, Gandhaka Rasayana, Kaumarabhritya, Paediatric Dermatology, Ayurveda*

1. INTRODUCTION

Skin diseases collectively termed *Kushtha* occupy a prominent position in Ayurvedic clinical medicine. Acharya Charaka enumerates eighteen varieties of Kushtha — seven Mahakushtha and eleven Kshudrakushtha — based on Doshic predominance, morphology, and prognosis [1].

Dadru is classified as a *Kshudrakushtha* by Acharya Charaka [1], while Acharyas Sushruta and Vagbhata place it among *Mahakushtha* [2,3]. Notwithstanding this classical disagreement in classification, the clinical description across all three authorities converges on the hallmark features: *Kandu* (pruritus), *Utsannamandala* (raised circular plaques), *Raga* (erythema), and *Pidaka* (papular eruptions). These features bear a remarkable resemblance to Tinea Corporis (ringworm of the body), a superficial dermatophyte fungal infection caused predominantly by *Trichophyton rubrum* and *Microsporum canis* [6].

The *Nidana* (aetiology) of *Dadru Kushtha* includes *Vishamashana* (irregular eating), *Diwaswapa* (daytime sleeping), excessive intake of *Ati Lavana-Tikshna Ahara* (salty, pungent foods), consumption of contaminated food, and exposure to sunlight or cold water immediately after physical exertion [4]. The *Samprapti* (pathogenesis) primarily involves vitiation of *Pitta-Kapha Dosha* with consequent *Dushti* of *Rasa*, *Rakta*, *Mamsa*, and *Lasika Dhatu* leading to localised *Twaka Sthan Sanshraya* (skin compartment localisation) [5].

Treatment protocol in classical texts advocates both *Shodhana* (bio-purification) and *Shamana* (palliative pharmacotherapy) through *Antaranga* (internal) and *Bahiranga Parimarjana* (topical) measures [6,7]. In paediatric patients, Shodhana procedures require careful adaptation, and Shamana Chikitsa is generally preferred for tolerability and safety. This case report documents the complete clinical management and outcome of Dadru Kushtha in a 14-year-old male child using an integrated Shamana Chikitsa protocol.

2. CASE HISTORY

2.1 Chief Complaints

A 14-year-old male child was brought to the OPD of the Department of Kaumarabhritya (Balaroga), Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha, with the following chief complaints:

- Round, elevated, erythematous skin patches over the shoulder, flank, buttocks, axilla, and back region — duration 2–3 months
- Severe pruritus (Kandu) over the affected areas — duration 2–3 months
- No discharge or exfoliation from lesions

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2.2 History of Present Illness

The patient was apparently normal 2–3 months prior to presentation. He gradually developed round, elevated, and reddish patches initially over the buttocks and axilla which subsequently spread to the shoulder, flank, and leg region, associated with intense itching. There was no history of fever, discharge, or exfoliation. Prior to presenting at this institution, the patient had received allopathic treatment from a local practitioner comprising Tab. Fluconazole 200 mg once daily after food for one month, and topical Beclomethasone ointment over the affected area for one month, without satisfactory relief.

2.3 Past History

No significant history of similar skin episodes in the past. No known history of Diabetes Mellitus, Bronchial Asthma, Epilepsy, or any chronic systemic illness. No prior surgical history. No history of drug allergy.

2.4 Family History

No similar skin complaints were reported among first-degree family members. No family history of atopy, psoriasis, or immune-mediated skin disorders.

2.5 Personal History

Parameter	Details
Diet	Mixed (vegetarian + non-vegetarian), irregular meal timings
Appetite	Normal (Samyak Ahara Shakti)
Bowel habits (Mala)	Once in 1–2 days, hard consistency (Krura Kostha tendency)
Micturition (Mutra)	4–5 times per day, normal colour and quantity
Sleep (Nidra)	Disturbed due to nocturnal pruritus
Diwaswapa (Daytime sleep)	Occasional — identified as a contributing Nidana factor
Vyayama (Physical activity)	Moderate outdoor activity
Socioeconomic status	Lower-middle class; shared living space — a predisposing factor for Krimi Sankramana (fungal transmission)

2.6 Birth and Developmental History

The child was born at full term by normal vaginal delivery in a hospital. The baby cried immediately after birth (cry at birth: present). Birth weight was 2.750 kg (normal range for term neonate). Growth and developmental milestones were appropriate for age. No history of neonatal illness or prolonged hospitalisation.

3. CLINICAL EXAMINATION

3.1 General Examination / Vital Parameters

Parameter	Findings
Temperature	96.8°F (Afebrile)
Heart Rate (Pulse)	100 beats/minute (Normal for age)
Respiratory Rate	26 breaths/minute
Blood Pressure	Within normal limits for age
Weight	Within normal range for age (to be recorded)
Height	Within normal range for age (to be recorded)
General Built (Akruti)	Normal
Pallor / Icterus / Cyanosis	Absent
Lymphadenopathy	Absent
Oedema	Absent

3.2 Dashavidha Pariksha (Tenfold Examination)

Pariksha (Examination)	Findings
Nadi (Pulse)	Vata-Kaphaja (irregular, slow-full character)
Mala (Stool)	Once in 1–2 days; hard consistency
Mutra (Urine)	4–5 times per day; normal
Jihva (Tongue)	Pinkish, uncoated (Sama Jihva)
Shabda (Speech/Sound)	Normal (Spashta Vakya)
Sparsha (Touch/Skin temperature)	Normal temperature; no tenderness
Drashti (Eyes)	Conjunctiva and sclera normal; no pallor or icterus
Akruti (Built/Appearance)	Normal; well-nourished child
Aahara Shakti (Appetite)	Normal
Vaya (Age)	14 years (Bala Avastha)

3.3 Local Examination (Twaka Pariksha — Skin Examination): Multiple circular, well-demarcated, erythematous patches with vesicular eruptions present over the buttocks, axilla, and back region. Lesions were elevated (Utsanna), with active erythematous borders and slightly central clearing. No discharge, crusting, or exfoliation was

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present. Lesion distribution involved more than two anatomical sites. The following differential diagnoses were considered and excluded:

- Sidhmakushtha (Pityriasis Versicolor): Excluded — characteristic chest involvement absent; lesions differed in morphology.
- Kitibha Kushtha (Psoriasis): Excluded — absence of silvery scaling (exfoliation) characteristic of Kitibha.
- Vicharchika (Eczema): Excluded — no oozing, no chronic lichenification.

Final Diagnosis: Dadru Kushtha (Tinea Corporis) with Pitta-Kapha Dosha dominance.

3.4 Anthropometric Measurements

Measurement	Value
Height	___ cm (record on examination)
Weight	___ kg
BMI	___ kg/m² (Normal / Overweight / Underweight)
Mid Upper Arm Circumference (MUAC)	___ cm
Nutritional Status	Normal for age

4. SAMPRAPTI (PATHOGENESIS)

4.1 Samprapti (Nidana to Vyadhi)

Hetu Sevan + Krimi Sankramana (Fungal Transmission)
↓
Tridosha Prakopa (predominantly Pitta-Kapha)
↓
Twaka Sthan Sanshraya (Localisation in Skin Compartment)
↓
Twak, Rakta, Mamsa, Lasika Dhatu Dushti (Tissue vitiation)
↓
Dhatu Agni Mandya (Impaired tissue-level metabolism)
↓
Kandu + Raga + Pidika ⇒ DADRU KUSHTHA

4.2 Samprapti Ghataka (Components of Pathogenesis)

Ghataka	Details
Dosha	Pitta (Raga/erythema) + Kapha (Kandu, elevated lesions) with Vata involvement
Dushya (Dhatu)	Twak (Skin), Rakta (Blood), Mamsa (Muscle), Lasika (Lymph)
Srotas	Raktavaha Srotas, Rasavaha Srotas
Srotodushti Prakar	Sangha (stagnation), Vimarga Gamana (abnormal flow)
Agni	Jatharagni Mandya + Dhatvagni Mandya (Twakagni)
Ama	Present (Sahama Avastha — active phase of pathology)
Udbhava Sthana	Amashaya (source of Pitta) + Uras (Kapha)
Sanchara Sthana	Rasa-Rakta Vaha Channels
Vyakta Sthana	Twak (Skin — buttocks, axilla, back, shoulder, flank)
Svabhava	Chirakari (slow-onset, chronic course if untreated)
Sadhyasadhyata	Sadhya (Curable) — early-stage Kshudrakushtha in Bala

5. TREATMENT PROTOCOL (SHAMANA CHIKITSA)

Shamana Chikitsa (conservative pharmacotherapy) was selected as the primary therapeutic strategy in consideration of the patient's age, nutritional status, and the Sadhya (curable) nature of the condition. Treatment was administered across three sequential phases (visits) over approximately 45 days, combining Antaranga (internal) and Bahiranga (external/topical) medicines.

Treatment Phase 1 (Day 1 – Day 15)

S.No.	Drug	Dose & Anupana	Frequency	Route
1	Gandhaka Rasayana	1 tablet with lukewarm water	BD (before food)	Oral
2	Arogyavardhini Vati	1 tablet with lukewarm water	BD (before food)	Oral
3	Syp. Raktashodhini	10 ml on empty stomach	BD	Oral
4	Mahanimbadya Taila	Local application, thin layer	BD	Topical
5	Twaquare Ointment	Local application	BD	Topical

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Treatment Phase 2 (Day 16 – Day 30)

S.No.	Drug	Dose & Anupana	Frequency	Route
1	Gandhaka Rasayana	1 tablet with turmeric water (Haridra Jala)	BD (M & E)	Oral
2	Bidangadi Lauha	1 tablet with Madhu	BD (M & E)	Oral
3	Arogyavardhini Vati	1 tablet with turmeric water	BD (M & E)	Oral
4	Mahamanjisthadi Pachana (Kwatha)	10 ml twice after food	BD (after food)	Oral
5	Syp. Triphala	10 ml with lukewarm water	HS (bedtime)	Oral
6	Syp. Telekt	10 ml on empty stomach	OD (morning)	Oral
7	Twaquare Ointment	Local application, thin layer	BD	Topical

Treatment Phase 3 (Day 31 – Day 45)

S.No.	Drug	Dose & Anupana	Frequency	Route
1	Nalpamaradi Taila	Local application; allow 30 min contact, then wash	BD	Topical
2	Siva Drops	15 drops in lukewarm water	OD (morning)	Oral

BD = Twice daily; OD = Once daily; M & E = Morning & Evening; HS = Hora Somni (bedtime); Anupana = vehicle/adjuvant.

6. ASSESSMENT CRITERIA AND OBSERVATIONS

6.1 Grading Criteria for Clinical Parameters

Symptom	Grade 0 (Absent)	Grade 1 (Mild)	Grade 2 (Moderate)	Grade 3 (Severe)
Kandu (Itching)	Absent	Mild / occasional; no daily routine disturbance	Moderate / frequent; no daily routine disturbance	Severe; disturbs daily routine / sleep
Utsannamandala (Elevated lesion)	Absent	Mildly elevated; barely palpable	Moderately elevated; easily palpable	Markedly elevated; visible from distance
Raga (Erythema)	Absent	Faint erythema; barely visible	Moderate erythema; clearly visible	Intense erythema / deep redness
Area Involvement	No area	One anatomical site	Two anatomical sites	More than two sites
Lesion Size	Absent	0–5 cm	5–15 cm	> 15 cm

6.2 Clinical Observations at Follow-Up Visits

Parameter	BT (Day 0)	AT-1 (Day 15)	AT-2 (Day 30)	AT-3 (Day 45)
Kandu (Itching)	Grade 3	Grade 2	Grade 1	Grade 0
Utsannamandala	Grade 3	Grade 2	Grade 1	Grade 0
Raga (Erythema)	Grade 3	Grade 2	Grade 1	Grade 0
Area Involvement	Grade 3	Grade 2	Grade 1–2	Grade 0–1
Lesion Size	Grade 2–3	Grade 2	Grade 1	Grade 0
Overall Outcome	Active disease	Moderate improvement	Marked improvement	Complete / Near-complete resolution

BT = Before Treatment; AT = After Treatment. Grading as per criteria in Table 1.

7. DISCUSSION

Dadru Kushtha presents a compelling correlation with Tinea Corporis, sharing the hallmark features of annular erythematous plaques with active borders, intense pruritus, and superficial skin involvement. Both conditions involve a pathological disruption at the level of the skin barrier — mediated by Pitta-Kapha Dosha vitiation in Ayurvedic pathophysiology, and by dermatophytic invasion of the stratum corneum in conventional understanding. The combination of internal and topical Ayurvedic formulations deployed in this case was rationally designed to address both the Dosha imbalance and the Dhatu Dushti simultaneously.

Gandhaka Rasayana is one of the most classical formulations for Kushtha management. Processed sulphur (Shuddha Gandhaka) exhibits well-documented Krimighna (antimicrobial), Kushtaghna (anti-dermatitic), Rasayana (immunomodulatory), and Deepana (digestive stimulant) properties. Modern phytochemical research confirms sulphur's keratolytic and fungistatic activity, supporting its use in superficial dermatophytosis [8].

Arogyavardhini Vati is a classical polyherbo-mineral formulation containing Haritaki, Bibhitaki, Amalaki, Shilajatu,

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Loha Bhasma, Abhraka Bhasma, Tamra Bhasma, and Kutki. It acts as a hepato-protective, Deepana-Pachana (digestive-metabolic stimulant), and Rasayana agent. By addressing the Aharaja component of Samprapti and improving Dhatvagni, it supports the correction of Ama-mediated skin pathology [9].

Bidangadi Lauha contains Vidanga (*Embelia ribes*) as its principal ingredient, a drug with classical Krimighna (antiparasitic / antifungal) properties. Embelin — the active phytochemical of Vidanga — has demonstrated antifungal activity against dermatophytes in experimental studies, providing pharmacological rationale for its inclusion [10].

Mahamanjisthadi Pachana (Kwatha) is a well-known blood-purifying (Raktashodhana) formulation. Manjishtha (*Rubia cordifolia*), the principal drug, has established Kushtaghna, Varnya, and anti-inflammatory properties. The formulation addresses the Raktavaha Srotodushti component of the Samprapti, targeting the Raktapradoshaja nature of Dadru [11].

Nalpamaradi Taila is a classical medicated oil comprising Nal (*Vetiveria zizanioides*), Pamaradi (*Ficus benghalensis*), and allied drugs known for Varnya (complexion-improving), Kushtaghna, and Krimighna properties. Topically, it reduces erythema, pruritus, and supports re-epithelialisation of healing lesions.

The sequential phase-based treatment — beginning with broad-spectrum Krimighna and Shodhaka formulations, followed by targeted Raktashodhana and Rasayana support, and concluding with Varnya topical management — demonstrates a clinically rational approach consistent with classical Kushtha Chikitsa Kramana. The complete resolution of all five assessed clinical parameters by Day 45 without adverse effects supports the safety and efficacy of this Shamana-based approach in paediatric Dadru Kushtha.

8. CONCLUSION

This case report demonstrates that Dadru Kushtha in a paediatric patient can be effectively managed through a well-structured Shamana Chikitsa protocol combining classical internal formulations (Gandhaka Rasayana, Arogyavardhini Vati, Bidangadi Lauha, Mahamanjisthadi Pachana Kwatha) and topical Ayurvedic preparations (Nalpamaradi Taila, Twaquare Ointment). Complete clinical resolution was achieved across all parameters — Kandu, Utsannamandala, Raga, lesion area, and size — over 45 days without adverse effects.

The rational phased treatment approach, grounded in classical Dosha-Dhatu-Srotas analysis through Nidana Panchaka and Samprapti Ghataka delineation, validates the applicability of Ayurvedic dermatology in managing paediatric fungal skin infections. Larger randomised controlled trials are recommended to establish the evidence base for this integrated formulation protocol.

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