

ROLE OF VIRECHANA KARMA IN DADRU (TINEA CORPORIS) - A CLINICAL STUDY

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ABSTRACT

“*Skin is the mirror of internal disease*” the biggest blanket, the widest barriers and the strongest warrior SKIN represent the inner health and outer beauty of an individual. Skin forms a self replacing, multifunctional covering over the surface of body which isolates it from the environment. Any disease related to skin can create physical as well as psychological problems in an individual. Skin diseases are mostly caused by infections like bacteria, fungi etc. Tinea corporis is a superficial fungal infection (dermatophytosis of the arm and legs, especially on glabrous skin: however, it may occur on any part of the body. it may have variety of appearances: most easily identifiable are the enlarging raised red rings with a central area of clearing. The edge of the rash appear elevated and scaly to touch, Sometimes the skin rash may be dry and flaky. Almost invariably, there will be hair loss in areas of the infection, Tinea infections contributes about 10-20 % of overall skin diseases. On the basis of clinical symptoms, tinea simulates with dadru kustha. In the present study, A female patient aged 27 yrs suffering from dadru since 2 month with severe itching sensation over abdominal area, burning sensation is other associated symptoms with thick radish and blackish discolouration with rounded margin. A case of *Dadru kustha* vis-à-vis tinea corporis has been treated with *Shodhana* i.e. *Virechana*. And *Shamana* after *Shodhana* 1 month of treatment with *Gandhaka Rasayan*, *Aarogyavardhini*, *Samsamani Vati*, *Aamlaki Rasayan* 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: Ayurved, Kushta, Panchakarma, Shodhana, Virechan.

INTRODUCTION:

Skin is a vital sense organ of our body which executes various physiological functions and it also prevents invading pathogens.¹ There is a wide and extensive description of skin diseases in Ayurveda.²⁻³ *Dadru* is classified as a *Ksudra Kustha* by *Acharya Charka*.⁴ and *Maha Kustha* by *Acharya Sushruta*.⁵ Fungal infection mainly comes under *Kshudrarogas*. Based on site of manifestation, diagnosis may vary. Generally there is *Kapha* domination with superadded *Raktadusti*. Severe itch-

ing is indicating presence of *Kapha&kleda* in *Rakta Dhatus*. Clinical features of *Dadru Kustha* are *Kandu* (itching), *Raga* (erythema or redness), *Pidika* (eruptions) and *Utsanna Mandala* (elevated circular skin lesion).⁶ It is a *Tridoshaja Vyadhi* with predominant vitiation of *Pitta* and *Kapha Dosha*.⁷ Reduction in the skin based immunity due to life style factors in fungal infections reduces *Twaka sara* thereby increasing the fungal risk. *Dadru kustha* is mostly simulates with ‘dermatophytosis’. The dermatophytes are a group of closely

related fungi that have the capacity to invade keratinized tissue (skin, hair, and nails) of humans and other animals to produce an infection, dermatophytosis, commonly referred to as ringworm.⁸

CASE STUDY

A female patient aged 27 yrs visited the O.P.D dated on 27.04.2018. Working as a medical student approached with severe itching sensation over abdominal area, Patient has been suffering from this problem since 2 months. Itching, burning sensation is other associated symptoms. With thick radish and blackish discolouration with rounded margin on since 2 month and with futile results with the previously taken medications [Tab Cetirizine 5 mg]. Itching is so severe that the patient always used to keep a thick napkin with him and keeps rubbing over the abdominal area only to get a little solace. History revealed that she is suffering with the above complaints since 2 month, which was less severe and only on small area of abdomen initially and later manifested large area of the abdomen with intense itching. No history of any other systemic diseases noted. On local examination skin looks Red, elevated margin with reddish discolouration (Fig-

1). Continuous rubbing due to severe itching has led to local inflammation. Case was diagnosed as *Tridoshaja Kushta* with the predominance of *Vata* and *Kapha* and as *Dadru*.

Plan of treatment: Virechana followed by Shamanoushadi

- *Deepana Pachana* was done with *Amapachana Vati* 500 mg 1 TID for 3 days.
- Started *Snehapana* with *Guduchi Ghrutha*, 30 ml on first day.
- *Snehapana* was given up to 6 days with 200 ml as maximum dose of *Sneha* on 6th day.
- *Sarvanga Abhyanga* with *Nimba Taila* and *Sarvanga Nadi Sweda* done for 3 days. Subsequent day, *Sarvanga Abhyanga* followed by *Nadi Sweda* was administered and orally *Trivrut Lehya* 90 gms was administered for *Virechana* purpose.
- 30 *Vegas* [Frequency of Purgation] were recorded, no untoward events recorded during *Shodhana*.
- Proper *Samsarjana Krama* (Post *Virechan* measures) was advised and patient discharged with the following *Shamanoushadi* (internal medication):

| Sr. no | Drug | Dose | Time | Anupana | Duration | Follow Up |
|--------|------------------------------|-----------|-------------|------------|----------|-----------|
| 1. | <i>Arogyavardhini Vati</i> | 500mg TID | Before food | Warm water | 4 weeks | 2 weeks |
| 2 | <i>Manjisthadi ghan vati</i> | 500mg TDS | After food | Warm water | 4 week | 2 week |
| 3 | <i>Gndhaka rasayan</i> | 500mg TDS | After food | Warm water | 4 week | 2 week |
| 4 | <i>Samshani vati</i> | 500mg TDS | After food | Warm water | 4 week | 2 week |

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

Dietary and lifestyle modifications- Patient is advised to avoid incompatible food items, junk/fast food, excessive oily-salty-spicy food. Patient is advised to avoid day-

time sleep. Patient is suggested to maintain personal hygiene by wearing loose fitting

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

OBSERVATIONS:

During *Shodhana* itching was reduced almost up to 70% on day second of *Snehana* only. After *Shodhana* inflammation as well as margin was completely reduced.

clean clothes and change clothes two times a day.

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 eruption

6. *Rookshata* (Dryness of skin)-

Grade 0 – Absent

Grade 1 – Mild rookshata

Grade 2 – Moderate rookshata

Grade 3 – Severe rookshat

After 1 month treatment there was no itching at all. Thickness of skin and blackish reddish discolouration also reduced significantly(Fig-2).

CLINICAL IMAGE-

Fig .1 before Treatment



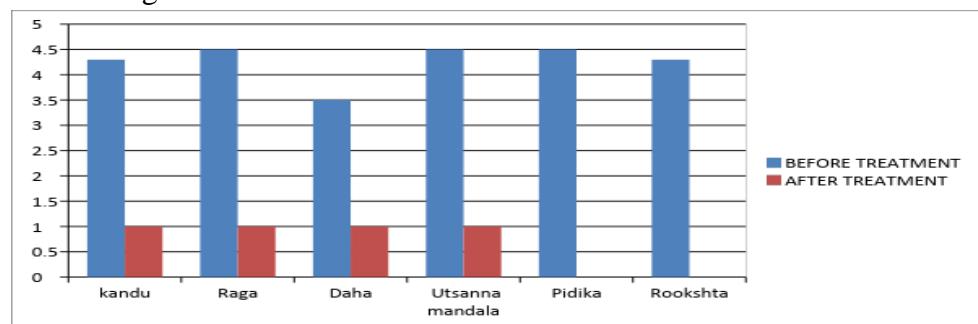
Fig.2. After 1 month of treatment



RESULTS: In this case study, there is slight variation in the presentation of tinea corporis lesion over chest. Ayurvedic treatment has been given for 2 Month and

improvements seen in the different parameters are as follows:

1. Improvement in lesion over the abdomen



In the present case study, significant relief has been observed in symptoms like *Kandu*, *Daha* and *Pidika* at both skin lesions. *Rookshata* which is a predominant feature of skin lesion at thigh abdominal area has been completely alleviated after the treatment. *Utsanna Mandala* (circular elevated skin lesion) is present at the sites of *Dadru Kustha* which has also shown a significant improvement. During the study, a significant improvement has also been observed in appetite and bowel habits.

Probable Mode of Action of Drugs:

As a well known, extensively used ayurvedic formulation indicated in *Kustha Roga*. This formulation mainly contains *Trivrita* with other herbo-mineral compounds like *Nimba*, *Triphala*, *Abhraka Bhasma*, *Tamra Bhasma* etc which performs *Pitta Virechana*, *Kapha Shamana* and *Vata Anulomana*. It also possess wide range of actions like *Deepana*, *Pachana*,

Medohara and *Tridosha Shamaka*.⁹ As Acharya Chakrapani has mentioned that alleviation of *Doshas* in *Kustha* by *Shodhana* should be done in deliberately and repeatedly.¹⁰ *Aarogyavardhini vati* is an effective formulation for such purpose. *Samshamani vati* is works as *Pitta -Kapha Shamana*, increases *Agni*, it is also works as anti-inflammatory action, it also AAM PACHAKA,which means it digest and removes the disease causing toxine and prevents for formation of AAM. *Gandhaka Rasayana* as able to keep the *Vata*, *Pitta*, *Kapha*, *Dosha* balanced. *Manjisthadi Ghan Vati* is *Raktaprasadana* in properties. Act on *Kustha* with predominant *Kapha-Pitta* are described as *krichhasadhy* (difficult to cure).¹¹ Therefore dietary, lifestyle and hygienic amelioration along with Ayurvedic treatment is essential in the management as well as prevention from its recurrence of *Dadru Kustha*.

CONCLUSION:

Dadru kustha is a common skin disease which clinically simulates with dermatophytosis or tinea. 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 *Aarogyavardhini vati*, *Manjisthadi Ghana vati*, *Gandhaka rasayan*, *Samshamni vati* in *Dadru Kustha* with some dietary & lifestyle amelioration is very effective in the management of *Dadru Kustha*.

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