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 (dermatolophytosis 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 discoloration 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, Panchakama, 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 Kushta by Acharya Charka.4 and Maha Kushta 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 itching is indicating presence of Kapha&kleda in Rakta Dhatu. Clinical features of Dadru Kustha are Kandu (itching), Raga (erythema or redness), Pidika (eruptions) and Utsaana 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 reducesTwakasar thereby increasing the fungal risk. Dadru kushta 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.  

**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 Cetrizine 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 discoloration (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 Shamanoushadhi**  
- **Deepana Pachana** was done with Ama-pachana Vati 500 mg 1 TID for 3 days.  
- **Started Snehapan 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 Shamanoushadhi (internal medication):

<table>
<thead>
<tr>
<th>Sr. no</th>
<th>Drug</th>
<th>Dose</th>
<th>Time</th>
<th>Anupana</th>
<th>Duration</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Arogyavardhini Vati</td>
<td>500mg</td>
<td>Before</td>
<td>Warm</td>
<td>4weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TID</td>
<td>food</td>
<td>water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Manjisthadi ghan vati</td>
<td>500mg</td>
<td>After</td>
<td>Warm</td>
<td>4 week</td>
<td>2 week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TDS</td>
<td>food</td>
<td>water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gndhaka rasayan</td>
<td>500mg</td>
<td>After</td>
<td>Warm</td>
<td>4 week</td>
<td>2 week</td>
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<tr>
<td></td>
<td></td>
<td>TDS</td>
<td>food</td>
<td>water</td>
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<tr>
<td>4</td>
<td>Samshani vati</td>
<td>500mg</td>
<td>After</td>
<td>Warm</td>
<td>4 week</td>
<td>2 week</td>
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<td>TDS</td>
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**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 clean clothes and change clothes two times 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

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

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 rookshata

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

**CLINICAL IMAGE:**

![Fig.1 before Treatment](image1)

![Fig.2. After 1 month of treatment](image2)
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. As Acharya Chakrapani has mentioned that alleviation of Doshas in Kustha by Shodhana should be done in deliberately and repeatedly. 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. Manjishthadi Ghan Vati is Raktaprasadana in properties. Act on Kustha with predominant Kapha-Pitta are described as krichhasadhya (difficult to cure). 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 Kushta with some dietary & lifestyle amelioration is very effective in the management of Dadru Kustha.

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