

## MANAGEMENT OF *DADRU* WITH SPECIAL REFERENCE TO *TINEA CORPORIS* WITH *VAMANA KARMA*: A CASE REPORT

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### ABSTRACT

In essence, tinea corporis is a fungal infection that dermatophytes induce on the body's outermost layer of skin. This can be found all over the body, with the trunk, neck, arms, and legs being the specifically identified lesion areas. In *Ayurveda*, any skin condition falls under the category of *Kustha roga*. A fungus called tinea corporis causes ring-shaped lesions that vary in size. It is associated in *Ayurveda* with *Dadru*, a form of *Kshudrakustha* with a *Pitta* and *Kapha Dosha* predominance. A 23-year-old woman has experienced severe itching, discolouration/redness, and an elevated ring-like patch around her groin area for the past five years. She switched to *Ayurveda* for two years without experiencing any alleviation after taking Allopath medication for almost three years. She was able to relieve the itching with medication, but it still returned at night. *Ayurvedic* medications work best when combined with food, lifestyle changes, and *Shodhana* karma.

**KEYWORDS:** Tinea corporis, *Dadru*, *Vamana Karma*, *Ayurveda*.

### INTRODUCTION

Fungal infections such as tinea corporis can affect people of any age or gender. Eczema marginatum, commonly known as dermatophytosis, is a disease that is also known by the synonyms crotch, dhobi, gym, and jock itch.<sup>[1]</sup> This condition is identified by elevated, ring-like areas. Its patch usually has a reddish-brown ring-like shape, and the size of the irritation varies.

Although there is no specific description of *Dadru's Nidana Panchak* in *Ayurveda*, it can be associated with *Dadru*. *Dadru* is comparable to *Kustha's Samanya Nidana*, *Poorvarupa*.<sup>[2]</sup>

**CASE REPORT**

A 20-year-old female patient visited the outpatient department of *Panchakarma* with:

- **Chief complaint:** Elevated ring like patch on Right groin region showing *Ruja* (pain), *Kandu* (itching) and *Raga* (redness), Discoloration over the Right Groin region for the past 5 years.
- **Past history** – Clobet GM cream application, and systemic antibiotics Tab. Allegra (Fexofenadine) 120 mg, Tab. Levocet 4mg, Tab. Fluconazole 150 mg for Tinea corporis for 3 years back. *Ayurveda* medicines like *Aarogyavardhini vati* 250mg, *Gandharva Haritaki* 250mg, *Mahamanjisthadi kwatha* 40ml.
- **Family history** – Not relevant
- **Menstrual history**- Irregular, Diagnosed with PCOS at the age of 16years.
- **Personal Habits:**

*Aahar* – mixed diet; Dosa, Junk food, pizza etc., – 4/7; curd and lassi–5/7; fruit salads and milkshakes – 1/7; fish, chicken – 2/7; paneer – 2/7; chocolates–1/7; untimely meals; *Adhyashan* (taking food before earlier meal is digested)  
*Vihar* – Late night work and lack of exercise.

Appetite – Moderate

Sleep – Insomnia/use of mobile phone/awake late at night

Addiction – None.

- Occupation – IT Engineer.

**ASHTAVIDHA PARIKSHANA**

- *Nadi* (pulse) = 76 /min. (*Kapha-Vata*)
- *Mala* (stool) = *Malabadhata*. (alternate day)
- *Mutra* (urine) = Normal (5–6 times/day)
- *Jivha* (tounge) = *saam*.
- *Agni* = *Kshudhamandya*.
- *Shabda* (speech) = Normal.
- *Sparsha* (Touch) = *Twakrukshata*.
- *Druka* (eyesight) = Normal.
- *Akruti* = *Madhyama*.
- *Bala* = *Uttam*.
- *Raktadaba* (BP) = 120/78 mm/Hg.

**Therapeutic Intervention**

1. *Nidan parivarjana*
2. *Deepana pachana*
3. *Snehapana*
4. *Vamana karma*

For the previous 4-5 years, the patient experienced regular indulgence in *Vata* and *Kapha* aggravating *Hetu*. *Nidan Parivarjana*, or dietary and lifestyle adjustment, had to be started due to the aggravating circumstances [Table 1].

In addition, a seven-day course of treatment was recommended for *Pachana* and *Malanuloman* [Table 2]. *Vamana karma* was chosen as the course of treatment due to aggravated *Doshas*, which resulted in *Bahudoshavastha* (*Raga, Kandu*, etc.), as well as with the consideration of the patient's *Bala Abhyantar Snehapan* for *Vamana karma* was initiated after realizing that *Pachana* had been attained [Table 3].

After 5 days of *Abhyantar Ghrutapan*, the patient developed signs and symptoms of *Samyak Snigdha*. The patient was given a one-day break before receiving *Sarvang Bahya Snehapan* from *Tila Taila* and *Sarvang Bashpa Swedan* from *Dashamoola Kwath*. The patient was recommended to take *Kapha Utkleshak Aahar* (*dahi vada* and *rasmalai*) the day before *Vamana karma*. The patient received *Vamana karma* the next morning in *Kapha Kala*, following *Sarvang Snehapan Swedan*. The patient was instructed to sit comfortably in the chair; *Mangala vachan* was performed, followed by *Godugdha* for *Akanthapana*. Then provide *Vamak Yoga*—a linctus produced by blending *Madanphal Pippali Churna* (8 g), *Vacha Churna* (4 g), *Pippali Churna* (2 g), *Saindhav* (2 g), and *Honey* (20 g).

The patient was urged to remain in a comfortable position while experiencing the following symptoms: nausea (signaling the upward direction of *Doshas*), horripilation (signaling the departure of *Doshas* from their location of stagnation), abdominal distension (signaling the migration of *Doshas* toward *Koshtha*), and sweating (indicating the liquefaction of *Doshas*). A tub was kept in front of the patient to collect vomitus. The patient was now ordered to open his lips, palate, and throat, gently bend his upper body, and vomit whenever the desire struck without exerting much force. When the actual bout was being thrown out during *Vamana karma*, the patient's back was softly rubbed upward, their forehead and chest were held, and their umbilical region was pressed.

If it was difficult for the bout to occur effortlessly, the patient was instructed to gently tickle the uvula with her fingertips. Pulse and blood pressure checks were performed between bouts. During the process, *Yashtimadhu Phanta* was supplied frequently after each *Vega* to help with the vomiting. When the patient was unable to take *Phanta* but had a tiny sensation of *Kapha* in the throat and a minor heaviness in the abdomen, *Lavana Jala* was administered till these *Lakshanas* were eased and *Samyak Vamana* was accomplished. Observations made during *Vamana Karma* included recording input and output, counting *Vega*, and *Samyak Lakshanas*.

After the treatment, the patient was instructed to sprinkle tap water over her face; *Kavala* was given lukewarm water and urged to rest. After 15 minutes, the patient received *Dhoomapan* with *Vacha-Haridra Dhoomavarti*. *Samsarjan Krama* and comprehensive post-*Vaman Karma Pathya-Apathya* were instructed.

Considering *Vaman's* assessment factors [Table 4], it was determined that the patient possessed *Uttam Shuddhi*. The patient was therefore administered a 7-day *Peyadi Samsarjan Krama*.<sup>[3]</sup>

**Table 1: Nidan Parivarjana (Pathya- apathya)**

<i>Pathya</i>	<i>Apathya</i>
<ul style="list-style-type: none"> <li>• Home- freshly cooked food (moong-masoor daal, wheat roti, jowar bhakri, vegetables, rice, jeera, hing, saindhav, etc)</li> <li>• Lukewarm water for drinking,</li> <li>• sleeping early at night,</li> <li>• Waking up early in the morning,</li> <li>• <i>Yoga</i> and <i>Pranayam</i></li> </ul>	<ul style="list-style-type: none"> <li>• Junk food such as vadapav, samosa, pizza, curd, lassi, fruit salads, milkshakes, fish, paneer, chocolates.</li> <li>• No stale, junk or deep fried food</li> <li>• Untimely meals <i>Adhyashan</i> (taking food before earlier meal is digested)</li> <li>• keeping awake at nights</li> <li>• lack of exercise, <i>Yoga</i></li> </ul>

**Table 2: Deepana and Pachana.**

Medicine	Dose	Anupana	Kala
1. Avipattikara churna	2gm	Lukewarm water	Twice Before meal
2. Tab. Gandharva Haritaki	250mg	Lukewarm water	Bed time after meal

**Table 3: Abhyantar Snehapana with Panchatikta Ghruta.**

Day	Quantity (ml)	Jarana kala (h)	Lakshana
1.	30	5	Snehodgar, Hrullasa
2.	60	7	Vatanuloman, Samyak Kshudbodh
3.	90	9	Vatanuloman, Twak Snigdhatata
4.	120	13	Twak Snigdhatata, Shithila Mala (2 vega), Agni Vardhana
5.	150	17+	Adha Sneha Darshan, Alpa Hrullasa

**Table 4: Vamana Karma Record.**

Lakshana	Nirikshana
Maniki	Total input=5 L Godugdha=1.5 L Yashtimadhu Phanta=3 L Lavanodak=500 mL Total output=5 L
Vegiki	Total bouts=Vega-8, Upavega-9-10
Antiki	Pittanta (Tiktasyata, burning sensation in chest, throat, head)
Laingiki	Kapha Chardan, Pittanta, Udar-Sharir Laghav (lightness), Varna Prasadana (improvement of complexion), Utsaha

## DISCUSSION

Tinea corporis is a major problem for both teenagers and adults nowadays. According to a 2021 analysis, tinea corporis is the most frequent dermatophyte infection in India, accounting for 32.4% of all cases. Tinea corporis is more common in men than in women, particularly in the 21-30 age group.<sup>[4]</sup> With a huge population affected by the disease, it's important to investigate and implement treatment options that address the fundamental cause and avoid recurrence. Some individuals benefit from conservative shaman treatments like Lepa (topical therapies), Abhyantar Aushadhi, antibiotics, hormonal therapy, but recurrence of tinea corporis occurs without Shodhan treatment. The frequency and strength of causative factors (Hetu-Bala and Hetu-Abhyas) have a significant role in this. The main problems are

irregular eating habits and erratic lifestyles. Ignorance of their detrimental effects on the body is a major contributing factor.

**Table 5: Properties of Dravyas and their relevant action in present study.**

<i>Dravya</i>	<i>Guna</i>	<i>Karma</i>
<i>Madanphal</i>	<i>Madhur, Tikta, Ushna, Lekhan, Laghu</i>	<i>Vantikrud (Vamak), Kapha</i>
<i>Yashtimadhu</i>	<i>Madhur, Snigdha, Shita, Guru</i>	<i>Bala Varna Krut, Pitta-Anila-Asra Jeet</i>
<i>Pippali</i>	<i>Madhur Vipaki, Anushna, Snigdha</i>	<i>Vata-Shleshmahar, Kapha-Chhedan, Pippali mixed with honey causes Meda-Kapha alleviation</i>
<i>Saindhav</i>	<i>Lavan, Madhur, Snigdha,</i>	<i>Shita Tridoshrut</i>
<i>Vacha</i>	<i>Katu, Tikta, Ushna</i>	<i>Vantikrut</i>

In this scenario, the identical protocol was followed. The patient consumed *Kleda Vruddhikar* and *Vidahi Aahar* on a regular basis, aggravating *Kapha* and *Pitta* and further vitiating *Vata* and *Rakta*, as well as *sankramana* of *krimi* from *purush* to *purush* (*Malaja bahya krimi*). *Vaman Karma* is a purifying treatment that helps to eradicate vitiated *Kapha* and *Pitta* from the upper orifice (mouth). As a *Purvakarma*, *Abhyantar Snehan* was performed in *Vardhaman Matra* using *Panchatikta Ghrita*. It is a medicinal *Ghee*-based *Siddha* containing *Nimba*, *Guduchi*, *Vasa*, *Patol*, and *Nidigdika*. *Tikta*, *Laghu*, and *Ruksha* are herbal plants that can balance *Pitta-Kapha* and soothe *Kleda*.<sup>[5]</sup> *Rakta Prasadana*. *Nimba* (*Azadirachta indica*) contains nimbin and nimbidin, which have anti-inflammatory and anti-ulcer properties. *Guduchi* (*Tinospora cordifolia*) contains berberine, which acts as an antioxidant. *Vasa* (*Adhatoda indica*) contains vascione, which has antihistaminic, anti-inflammatory, and antioxidant properties. *Patol* (*Trichosanthes xanthocarpum*) has antioxidant properties, and *Nidigdika* (*Solanum xanthocarpum*) has antihistaminic properties.<sup>[6]</sup> These herbal effects, when combined, serve to alleviate inflammation and pain in *Tinea corporis* while also clearing blemishes. *Snehan* promotes *Anila Hanan* (*Vata* alleviation), *Deha Mardav* (body softness), and *Malanam Vinihanti Sangam* (*Dosha* dissociation). A pinch of *Saindhav* was put to *Sneha* every day to promote *Sroto-gamitva* and accelerate oleation. Pre-procedural *Snehana-Swedana* promotes *Shakha-Koshtha Gati* and eliminates vitiated *doshas*. *Madanphal Pippali* is regarded as the greatest emetic medication due to its "*Anapaya*" properties.<sup>[7]</sup> *Yashtimadhu*, *Pippali*, *Saindhav*, and *Vacha* are the *Vamak Dravyas* mentioned in *Ashtang Hridayam*.<sup>[8]</sup> Table 5 lists the properties of *Dravyas*<sup>[9]</sup> and how they apply to the current investigation. The *Vamak Dravyas*, namely *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, and *Vikasi*, reach the heart and circulate via the vessels due to their inherent potency. Because of their *Agneya* character, they liquefy the compact *Doshas*, while their sharpness separates the adherent *Doshas* found in the *Sthula* and *Anu Srotas* of the body.

Because of the propensity of *Doshas* (in this case, *Kapha* and *Pitta Dosha*) to migrate through *Anu Srotas* and flow toward the *Koshtha*, they reach *Aamashaya* and are forced out by the *Udana Vayu* out the mouth.<sup>[10]</sup> In this example, *Vaman's* elimination of vitiated *Bahu Dosha* resulted in *Koshtha Vishuddhi* (GIT purification), *Agni Vardhan* (activation of digestive fire), *Vyadhi Upashaman* (disease pacification), and *Varna Prasadana* (improvement of complexion).

## CONCLUSION

This study suggests that *Vaman Karma* is most effective for *Tinea corporis* (*Dadru*) when external treatment options are ineffective and *Hetu* and *Vyadhi Bala* are high.

**INFORMED CONSENT**

Written informed consent was obtained from the patient for the publication of this case report and accompanying images.

**DECLARATION OF PATIENT CONSENT**

The authors certify that they got all necessary patient permission papers. The patient has given her agreement for her photos and other clinical information to be published in the publication. The patient understands that her name and initials will not be published, and that reasonable measures will be made to conceal her identity; however, anonymity cannot be guaranteed.

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Nil.

**CONFLICTS OF INTEREST**

There are no conflicts of interest

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