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Case Study

Management of *Dadru Kushtha* w.s.r. to tinea capitis infection: a case study

Sameer Shinde[1,*], S. P. Wagh[2]
P. h. D. Scholar[1], Professor & H.O.D.[2]
Department of *Kayachikitsa*[1,2]
[1,2]Yashwant Ayurvedic College P. G. T. and R. C., Kodoli, Kolhapur, Maharashtra, India - 416114

***Corresponding Author:** Dr. Sameer Shinde,* **E-mail:** sameershubha85@gmail.com
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ABSTRACT:
Skin is an important element in human social interaction. It is first line of defence against the environmental agents and mirror of internal pathology[1]. We have noticed a considerable increase in the incidence of skin disease in last few years out of which Tinea infections are most common. All skin diseases in *Ayurveda* have been classified under broad heading of *Kushtha*. Symptoms of Fungal infection closely resembles with *Dadru Kushtha*. Big concerns are increased resistance to routine antifungal drugs and repeated relapse of Tinea infections. So there is scope of intervention of *Ayurvedic* medicine which can controll and eradicate Tinea infection and prevent relapse. In this article we are going to discuss a case study of *Dadru Kushtha* (Tinea Capitis) successfully treated with *Ayurveda.*

KEY WORDS: Tinea Capitis, *Dadru, Kushtha, Ayurveda*.

INTRODUCTION:

Tinea infection also called as dermatophytosis. All skin diseases in Ayurveda have been classified under broad heading of Kushtha. Kushtha is described as a sankramak vyadhi[2] means These may spread from human to human (By sharing of clothes, and personal articles), animal to human (By close contact with pets) and from soil to human (Contact with soil). Superficial fungal infections are the most common type of fungal infection. According a cross sectional study carried out in 195 countries and territories including Asia prevalence of fungal skin diseases over the globe is found to be 10.09%,[3,4]. Due to Climate, Sedentary life style, Hygiene Tinea infections are most common infections in our country. According to site of infection it is classified in to Tinea corporis, Tinea Cruris, Tinea Capitis, and Tinea Pedis etc. Tinea Capitis also known as scalp ring worm is a contagious fungal infection of the scalp and hair. It is common in children and adults causing itchy, scaly, red white patches may be associated with hair loss and brittle hairs. Causative dermatophytes for Tinea Capitis are from genera Trichophyton and Microsporum.

In Ayurvedic perspective view skin diseases are narrated under heading of Kushtha. In Charak Samhita description of Dadru Kushtha has given in Kshudra Kushtha. Charak Acharya classified Kushtha in 2 parts Kshudra Kushtha and Maha Kushtha which are of 11 & 7 types respectively. Charakacharya explain Dadru under KshudraKushtha while Acharya Sushrut and Acharya Vagbhat explain it under MahaKushtha. Dadru is characterized by udagatmandal means raised patch associated with Kandu (itching), Raga (Redness) and Pidaka (Eruptions)[5]. According to charakacharya it is Pitta kapha dominant in nature. This condition can be compare with Tinea infection in modern medical science based on similarities of the symptoms.

According to modern science management of Tinea infections carried out with topical as well as systemic antifungal drugs but it has been observed that there is increase in resistance to antifungal drugs, many tinea infections don't respond to routine antifungal medicines. Repeated relapses are also big concern. So there is scope of intervention of *Ayurveda* medicine which can control and eradicate tinea infection and prevent relapse.

CASE REPORT:

28 years male patient presented in *Ayurveda* hospital *Kayachikitsa* opd with complaints of circular scaly patches over scalp with hair fall since last 6 months. Patient was having severe itching that disturbs his sleep and daily work activity. Patient was working in a IT company and has no history of any major medical or surgical illness. Previously he taken allopathy medicines but got temporary results and after discontinuation of treatment again symptoms flares up so patient approaches the institute for *Ayurveda* treatment.

MATERIALS AND METHODS:

Symptoms of *Dadru* in text and practically observed was accessed at each follow up.

For the assessment symptoms were categorized as follows-

1. ***Kandu* (Itching):** Scoring was done as follows.[Refer Table No. 1]
2. ***Raga* (Colour):** Change in colour from erythema to normal skin colour was noted. Scoring was given in following manner. [Refer Table No. 2]
3. **Size of *Mandal* (Size of Lesion):** Increase or decrease in size was measured with help of scale and vernier caliper. [Refer Table No. 3]

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4. Margins of Lesions: whether lesion shows progressive (presence of vesicle, papules) or regressive pattern (return to normal skin).

Table No. 1: Assessment/Score of Kandu(Itching)

Parameters	Score
No itching	0
Mild:- itching not affecting daily activity	1
Moderate:- itching affecting daily activity	2
Severe:- itching affecting sleep	3

Table No. 2: Assessment/Score of Raga (Colour)

Parameters	Score
Normal skin colour	0
Pink colour	1
Pinkish red colour	2
Reddish white colour	3

Table No. 3: Assessment/Score of Mandal (Lesion)

Parameters	Score
No lesion	0
Less than 5 cm	1
5 to 10 cm	2
Size more than 10 cm	3

Table No. 4: Assessment/Score of margin of lesions

Parameters	Score
Absent	0
Regressive	1
Stagnant	2
Progressive	3

TREATMENT:

After clinical examination of patient it was decided to give him *Manjisthadi tail* for local application twice daily for 4 weeks. Regular follow up after 7 days was taken for the assessment and improvement in symptoms.

Contents of the drug:

Manjisthadi tail[6] is described in *Vrindmadhav samhita Kushthachikitsa*. It contents *Manjistha, Haridra, Aragvadh, Chakramard, Gandhatrun* and *Til tail.*

Preparation of Drug:

All ingredients was taken in equal quantity and tail was made as per *sneh kalpana* described in *Sharangadhar samhita*.

Route of Administration:

Topical (external application) application covering the entire lesion twice daily.

Duration of Treatment: 4 weeks

Pathyapatya :

Patient was advised to avoid spicy, oily, salty food and bakery items. Maintain proper hygiene and avoid tight clothing.

RESULTS:

With above mentioned treatment patient got significant relief from symptoms of Tinea infection. It can be well appreciated on photograph of patient documented before and after treatment.

Table No. 5: Showing improvement in parameters

Sr. No.	Parameters	Before Treatment	After Treatment
1	*Kandu* (Itching)	3	0
2	*Raga* (Colour)	3	0
3	Size of *Mandal* (Size of Lesion)	2	0
4	Margins of Lesions	3	0

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OBSERVATIONS:

Photographs were recorded and documented before and after the completion of treatment.

Following Figures showing lesions improvement.

Figure No. 1: Before treatment



Figure No. 2: After treatment



Figure No. 3: Before treatment



Figure No. 4: After treatment



Additional follow up was taken after 15 days of completion of treatment to asses the relapse of disease. Patient shows no any symptoms of relapse at all.

DISCUSSION:

In above case study patient got significant relief from all the symptoms of Tinea capitis infection. *Manjisthadi tail* application helps to continuous removal of pathogen along with dead skin debris stimulating basal layer to proliferate well replacing them new healthy skin cells.

Probable Mode of Action:

The Drug selected for this study is Manjisthadi tail described *in Vrindmadhav Kushthachikitsa.* It is specially indicated for *Dadru Kushtha*. It contains *Manjistha, Haridra, Aragwadh, Chakramard, Kushtha and GandhTruna*. Which are having potent Kushtha*gna, Krumigna, Kandugna* property which are the symptoms of the disease.

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Manjistha one of the key constituent of the drug have *varnya, vishghna*, antioxidant, antibacterial, anti-inflammatory properties. Manjistha has potant role in inhibiting keratinocyte proliferartion[7]. This reduces the scaling.

Research work shows Mollugin phytochemical in *Manjistha* shows role in protection of mast cell degranulation[8] in rats. Due to which it can possess potent anti-itching property.

Research work shows that Manjistha has potant action on macrophage migration inhibitor factor which has important role in release of inflammatory chemical mediators[9].

Majority of drugs in *Manjisthadi tail* like *Charamard, Haridra, Gandhatrun, Aragvadh* has *Tikta Katu ras*, *Ushna Veerya*,and Kushtha*ghna* and *Kandughna*[10] property which pacify the vitiated *doshas* mainly the *kapha dosha*.

Acharya Charak and Sushrut mentioned *krimi* as one a causative factor of *Kushtha*, *Charmard, Haridra* and *Gandhtrun* shows potant *krimighna* property which makes the treatment complete one.

CONCLUSION:

In this case study marked improvement was seen in patient of Tinea Capitis. *Manjisthadi tail* was helpful in *kledharan, Kandushaman, Rataprasadan*, and *shaman* of vitiated *kapha* and *pitta dosha*.It can be concluded that *Manjisthadi tail* is very much effective in treatment of Tinea. It effectively relives the symptoms and prevent relapse also.

REFERENCES :

[1] Pasricha J, Gupta R. Illustrated textbook of dermatology. 3rd ed. New Delhi: Jaypee Bros. Medical Publishers; 2013;page 1
[2] Garde G K, Sarth Vagbhat, 10th Ed. Anmol Publications Pune 2008
[3] Jain S, Barambhe M, Jain J, Jajoo U, Pandey N. Prevalence of skin diseases in rural Central India: A community-based, cross-sectional, observational study. Journal of Mahatma Gandhi Institute of Medical Sciences. 2016;21(2):111.
[4] Urban K, Chu S, Scheufele C, Giesey R, Mehrmal S, Uppal P et al. The global, regional, and national burden of fungal skin diseases in 195 countries and territories: A cross-sectional analysis from the Global Burden of Disease Study 2017. JAAD International. 2021;2:22-27.
[5] Shastri K, Chaturvedi G. Charak Samhita(Vidyotini Commentry). 1st ed. Varanasi: choukhambha bharati acadamy; 2007; page 252.
[6] Tiwari P. Vrind madhav(Siddhayog). 1st ed. varanasi: choukhambha vishwabharati; 2007;Page 483.
[7] Humbare R, Sarkar J et all, Phytochemical Characterization antioxidant and anti proliferative properties of Rubia cordifolia, National Liberary of Medicine, Pub med central: 20 may 2022;11(5); 1006
[8] Humbare R, Sarkar J et all, Phytochemical Characterization antioxidant and anti proliferative properties of Rubia cordifolia, National Liberary of Medicine, Pub med central: 20 may 2022;11(5); 1006
[9] Bhatt Narendra, Anti inflammatory activity of Rubia cordifolia Lin in rats, Indian Journal of Pharmacology, Jan 1883;185-188
[10] Bapalal Vaidya,Nighantu Adarsh, 2022 Ed, Choukhamba Bharati Acadamy Varanasi,

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