

CASE STUDY

Ayurvedic Management of *Dadru Kushtha* W.S.R. Tinea Cruris – A Case Study

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ABSTRACT

Tinea infection, commonly referred to as ringworm, is a prevalent dermatological condition induced by fungi. “Jock itch,” also known as tinea cruris, predominantly impacts the groin, perineal, and perianal regions. Merely 20%–30% of people have skin issues. In *Ayurveda*, all categorized skin illnesses are classified as *Kushtha Roga*. In *Ayurveda*, skin disorders are primarily categorized as *Mahakushtha* and *Kshudrakushtha*, with *Kushtha vyadhi* regarded as *Mahagada* due to its chronic nature and tendency to repeat. *Darshana* and *Prashna Pariksha* are able to diagnose the condition based on the common clinical signs, which include excessive and intense itching as well as red circular skin lesions. The condition is characterized by heightened levels of *Pitta* and *Kapha Dosha*, particularly *Kapha*. The condition can be managed from an *Ayurvedic* perspective, resulting in minimal or no recurrence of the disease. *Shamana chikitsa* and *Bahiparimarjana chikitsa* will be helpful in the treatment of *Dadru*. A 34-year-old female patient has been displaying symptoms of *Dadru Kushtha*, also known as tinea cruris, for the past 8 months. She has already had advanced medical treatment; however, there has been a rebound. The patient had treatment for 28 days with *Laghu Manjishthadi Kwath* as the internal medicine and *Shirish Twak Lepa* as a topical application on an outpatient basis. The patient was evaluated for enhancement in signs and symptoms following 28 days of treatment. The patient was satisfied with the treatment they received and reported that *Kandu*, *Daha*, *Raga*, and *Mandala* were all getting better.

1. INTRODUCTION

Ayurveda literature has described “*Twak Sharira*” along with different types of *Kushtha*. In *Ayurveda*, all skin diseases are categorized under the broad heading “*Kushtha*,” which is further divided into *Mahakushtha* and *Kshudrakushtha*.^[1]

Ayurveda has provided health treatments to humans from ancient times. All the clinical features of *Dadru* can be very well correlated to clinical features of Tinea.^[2] *Acharya Charaka* described *Dadru* under *Kshudra Kushtha*,^[3] *Acharya Sushruta*,^[4] and *Ashtanga Hridaya*^[5] described it under *Mahakushtha*. *Kushtha*. It is also considered as one of the eight *Mahagada*^[6] and *Santarpanajanya Vyadhi*.^[7]

Skin, the largest superficial covering of the body, serves as both a sense organ and a protective barrier. The infection is named based

on where it occurs on the body, using the word tinea, such as tinea capitis for scalp infections, tinea pedis or athlete’s foot for feet, tinea manuum for hands, tinea unguium or onychomycosis for nails, tinea cruris or jock itch for the groin area, tinea corporis for the trunk and arms, and tinea barbae for the beard area.^[8] Modern medicine typically treats superficial skin infections with topical, oral, and antihistamine drugs, but the recurrence rate is high after discontinuing the medication. Skin infections may also lead to psychological disturbances. Skin diseases lead to stress, anger, depression, shame, loss of confidence, etc. Tinea is a fungal infection that resembles *Dadru* in *Ayurveda*. *Acharya Sushruta* considers *Dadru kushtha* to be *Mahakushta*, while *Charaka* classifies it as *Kshudra kushtha*. Fungal infection is the most common skin infection. Such skin diseases are caused by a lack of awareness toward hygiene, poor sanitation, the use of synthetic cloths, etc.

2. MATERIALS AND METHODS

A single-case study.

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2.1. Patient Information

A 34-year-old female patient visited the OPD of the Department of *Kayachikitsa*, Ch. Brahm Prakash Ayurved Charak Sansthan, New Delhi, on 16/07/2024 with the following complaints: a reddish circular lesion (~*Raga*) in the buttock region with severe itching (~*Kandu*) and a mild burning sensation (~*Daha*) for 8 months. She consulted an allopathic dermatologist for the same and was diagnosed with tinea cruris. She took the allopathic treatment tablet terbinafine 250 mg OD and clotrimazole cream for local application for 1 month and experienced significant relief. She noticed an aggravation of circular, erythematous patches, accompanied by itching and burning sensations, shortly after discontinuing the medication. She subsequently sought consultation at the *Kayachikitsa* outpatient department to explore potential treatment options.

2.2. Clinical Findings

On dermatological examination, there was a single circular reddish skin lesion, 900 mm² in diameter, present on the buttock region. These lesions were associated with the symptoms of *Kandu* and *Daha*. Other physical parameters were normal. She indicates that the lesions first developed about 8 months earlier and have been spreading steadily. The patient provided no specific history of any major illness, drug allergy, or previous surgery. The patient had no family history. Her appetite was healthy, her bowels were regular, and her bladder was regular. No specific history of addiction was noted. Sleep is disturbed due to itching. Pallor, icterus, clubbing, cyanosis, and lymphadenopathy are absent on general examination. Blood pressure, respiratory rate, and temperature were within normal limits. Systemic examination did not reveal any abnormality. The *prakruti* of the patient was *Vata-pittaja*.

2.2.1. Ashtavidha Pariksha (~Eight-Fold Examination)

Nadi (~Pulse) was 78/min, regular with *Vata-pitta* dominance; *Mutra* (~Urine) was *Samyak* (~normal), 5-6 times/day and 0-1 times/night; *Mala* (~Stool) and *Jivha* (~Tongue) were *Niram* (~processed and digested food particles); *Shabd* (~sound) was *Spashta* (~clear); *Sparsha* (~tactile examination) was *Anushnasheeta* (not too hot); *Drik* (~eyesight) was *Prakrit* (~normal); and *Akriti* (~body stature) was *Madhyam* (~average built).

2.2.2. Samprapti Ghatak (~Main Pathophysiological Components)

The primary *Nidana sevana* (~causative factor) was the patient's contact history of sharing a bed and clothes with an infected person. Vitiating *Dosha* was *Pitta-kapha Pradhan tridosha*. *Dushya* (~pathognomonic factors) was *Twak* (~blood plasma), *Rakta* (~blood), *Mamsa* (~muscular tissue), and *Lasika* (~body fluids). The status of *Agni* (~digestive fire) was *jathragnimandya* and *Dhatvagnimandya* (impaired metabolism). The involved *srotas* (~structural or functional channels) in the manifestation of disease were *Rasavaha* (~channels of plasma), *Raktavaha* (~channels of blood plasma), *Mamsavaha* (~fascio-muscular tissue), and *Swedavaha* (~sweat conveying channels). *Srotodushti* (~mode of the system involved) was *Sanga* (~obstructed vitiated body humor) and *Vimargagamana* (~vitiation of body humor to other places). *Marga* (~disease manifestation place) of the disease was *Bahyaroga marga*, *Adhithana* (~site) was *Twacha* (~skin), and the nature of the disease was *Chirakari* (~chronic).

2.2.3. Differential diagnosis

Mandala Kushtha: A point in favor is that *Utsanna Mandala* (~elevated round lesions) and *Rakta varna* (~erythema) are the clinical features of *Mandala Kushtha*, which are similar to the features of *Dadru Kushtha*.

Kandu is a primary characteristic of *Dadru Kushtha*; however, it may or may not be present in *Mandala Kushtha*.

2.2.4. Diagnostic assessment

Examination of potassium hydroxide (direct microscopy) A microscopic examination with 10% potassium hydroxide (KOH) was used to find the dermatophytes. You can get keratinocytes by scraping the edges of the plaques, putting the sample on a glass slide with 10% KOH solution, and heating the slide a little with a burner. After that, the slide was looked at under a 10X and 40X microscope for 5 min to find dermatophytes. The 10% KOH test on the patient's scraped skin sample before treatment started came out positive. The case was diagnosed with *Dadru kushtha* based on clinical signs and a KOH test.

2.3. Timelines

The skin lesions were assessed during the initial appointment, followed by weekly monitoring for the next 4 weeks. The follow-up was done on the 15th day after stopping the treatment.

2.4. Intervention

After the case conceptualization, the patient was put on ayurveda conservative management along with *Yukti* (~logic) as per involved pathogenesis (~*Samprapti*). The patient was prescribed *Laghu Manjishthadi Kwath* (50ml) to be taken on an empty stomach once daily, and *Shirish Twak Lepa* (powder of *Albizia lebbeck* Linn.) mixed with *Takra* for local application twice daily for 4 weeks [Table 1]. Along with the medication, the patient is advised to do the following things.

1. Maintain daily dietary timings; vegetarian food will be better.
2. Avoid excessive consumption of salty and spicy foods, fried foods, junk foods, or fast foods.
3. Avoid daytime sleep (*Diva Swapna*) and refrain from waking up late at night (*Ratri Jagaran*).
4. We advised the patient to wear loose-fitting, clean clothing and to change clothes twice daily. The patient was also advised to sleep without undergarments to avoid rubbing of the surface in the groin.
5. The patient was also advised to sleep without undergarments to avoid rubbing of the surface in the groin.
6. The patient was guided to wash all used cloths after soaking in warm water and drying them in sunlight.

3. ASSESSMENT CRITERIA

On the basis of the clinical characteristics of *Dadru kushtha*, the assessment criteria were established. The photographs of the afflicted areas were captured prior to the commencement of treatment and after the follow-up [Figure 1 and 2].

4.OBSERVATION AND RESULT

Observations were recorded before and after 28 days.

The patient was observed for improvement in symptoms related to *Dadru*. The changes were observed in the subjective parameter.

5. DISCUSSION

In this present case, it depends on *Nidana* (*Sankramika*) and *Lakshan* (*Kandu*, *Raga*, and *Mandala*) in the buttock region. This case was diagnosed as *Dadru Kushtha* w.s.r. Tinea cruris.

Dadru is primarily a Kapha-dominant disease, and it also has Rasagata manifestations. Hence, considering this, a different Acharya has described its treatment as the application of *Shodhana Lepa*. *Bahiparimarjana chikitsa*, or *Shamana*, shows excellent results in the form of *Lepa* and internal medicines like *Kwath*. The disease is mainly *Bahya rogmarga* and involves *Rasavaha* and *Raktavaha srotas*, *Tridoshaja* (mainly *Kapha Pitta pradhana*), *Twak*, *Rakta*, *Lasika*, *Swed Dushayas*, and *Twak adhithan*. Further *Srotas* are never involved. This statement highlights the unique characteristics of the pathogenesis of *Dadru*. *Acharya Sushruta* describes the color of the lesions in *Dadru* more specifically like that of copper or the flower of *Atasi* and mentions that its *Pidka* are in the form of *Parimandala*, having a spreading nature (*Visarpshila*) but slow in progress or chronic in nature (*Chirrottham*) with *Kandu*. Hence, the selected drugs for this study were “*Laghu Manjishthadi Kwath (Bhaishajya Ratnavali)*” and “*Shirish Twak Lepa*, mentioned by *Acharya Charak* in *Kushtha Chikitsa*.”^[9]

5.1. Specific Mode of Action of *Laghumanjishthadi Kwath*

The ingredients of *Laghu Manjishthadi Kwath*^[10] include *Manjishtha*, *Triphala* (*Haritaki*, *Vibhitaki*, *Amalaki*), *Katuki*, *Vacha*, *Devadaru*, *Haridra*, *Haritaki*, and the bark of *Nimba*; However, apart from the *Haritaki (Harad)* already included in *Triphala*, take *Haritaki* again separately in the quantity of 2 *Tolas* (approx. 24 g). These ingredients possess properties such as *Agnidipaka*, *Raktashodhaka*, *Samsrana*, *Pitta Kaphahara*, *Kushthaghna*, *Kashaya*, *Tikta*, *Katu Rasa*, *Laghu Ruksha Guna*, *Usna Virya*, and *Pittakapha Shamaka*. *Manjishtha* and *Kutki* have a *Kapha Pittaghna* effect (i.e., they reduce *Kandu* due to *Kapha* and reduce *Daha* due to *Pitta*). *Devadaru*, *Haridra*, and *Haritaki* have *Vatakapashamaka* property. *Haridra* also has *Pittarechak*, *Kushthaghna*, and *Raktaprasadana* properties. *Manjishtha*, *Devadaru*, and *Nimba* possess the *Rakta Shodhana* action. Both *Nimba* and *Haridra* possess the *Kandughna* property, which reduces itching. *Triphala* has the *Tridoshahara* property. *Shita viryatwa* of *Nimba* and *Kutaki* stabilizes *pitta dosha*. *Kutaki* possesses the *Pittasarak* property and has an *Anulomaka* action that facilitates *Shodhana*. *Kutaki* has *Daahaprashamana* property, i.e., it reduces burning sensations.

5.2. Specific Mode of Action of *Shirish Twak lepa*

The specific mode of action of *Shirish Twak Lepa* includes its *Kashaya* (astringent), *Tikta* (bitter), *Madhura rasa* (sweet taste), *Laghu* (light to digest), *Ruksha* (rough), and *Tikshna guna* (sharp) qualities, as well as properties such as *Tridoshahara* (which pacifies three humors), *Varnya* (which gives good complexion), *Vishaghna* (which is anti-toxic), *Vranaropana* (which aids in wound healing), and *Kushtaghna* (which pacifies skin disease). In this present case study, it was observed that the application of *Shirish Twak Lepa* pacifies the doshas and leads to the breaking of *samprapti*, which helps reduce symptoms like *Kandu*, *Pidka*, *Raktashodhak*, *Rasashodhak*, *Varnya*, *Lekhan*, and *Shothahar*. The qualities of *Lepa* calm the *Dushayas* and help reduce symptoms such as *Raga* and *Mandalas*. The afflicted area will be carefully cleaned and dried. *Lepa* that had been prepared was subsequently applied to the area. The *Lepa's* thickness should be 1/3 of the *Anguli* (1 *Anguli* = 1.905 cm).

6. CONCLUSION

The case study says that *Ayurveda Shaman* and *Bahiparimarjan chikitsa* can treat dermatophytic infections without generating any negative effects. Based on subjective measures, keeping up with

hygiene and *Pathyapathya* is a very significant part of treatment. Hence, it is possible to say that *Laghu manjishthadi Kwath* and *Shirish Twak lepa* can help people with *Dadru kushtha*.

6.1. Declaration of Patient Consent

Authors certify that they have obtained a patient consent form, where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

7. ACKNOWLEDGMENTS

Nil

8. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

9. FUNDING

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10. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case study.

11. CONFLICTS OF INTEREST

Nil.

12. DATA AVAILABILITY

This is an original manuscript, and all data are available for review purposes only from principal investigators.

13. PUBLISHERS NOTE

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Figure 1: Before treatment



Figure 2: After treatment of 28 days

Table 1: Detail of treatment given to patient

S. No.	Medicine	Dosage	Duration	Route of administration
1.	<i>Laghu Manjishthadi Kwath</i>	Take 50 mL in the morning on an empty stomach once daily (OD).	28 days	Oral
2.	<i>Shirish Twak Lepa</i>	Mix <i>Takra</i> with the appropriate medium and apply it over the affected area of the body. Twice a day	28 days	External/Local application

Table 2: Clinical features before and after treatment

S. No.	Clinical features	Before treatment	After treatment
1.	<i>Kandu</i> (~itching)	Intense and constant, disturb sleep and routine activity. Duration: 10–12 min; frequency recurs 8–10 times in 12 h	Absent
2.	<i>Daha</i> (~burning sensation)	Mild (occasionally burning sensation)	Absent
2.	<i>Raga</i> (~erythema)	Red (bright red or reddish black)	Brownish (faint black)
4.	No of lesions (<i>Mandala</i>)	1 Mandala	No <i>Mandala</i>
5.	Size of lesions (<i>Mandala</i>)	Large 900 mm ²	Meaningless, very small <50 mm ²