

An account of literary review of *Dadrukushtha Nidan vis a vis* diagnosis of *Tinia corporis*.

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Abstract

In Ayurveda all skin diseases are termed generally as '*Kushtha*'. Charakacharya described *Dadru* under *KshudraKushtha* while Sushrutacharya and Vagbhatacharya mentioned it as *Mahakushtha Dadru*ishaving *Kandu* (itching), *Udagata Mandalakarpitika* (raised patches with papules), *Raga* (redness) and is *Pitta Kaphapradhan* skin disease. It has similarity with Fungal *Dermatophytosis*. It is commonly caused by superficial *dermatophytes*, it is contagious disease. The aim of this study is to summarize *Dadrukushtha* as per Ayurveda and modern science. This study is done on the basis of analysis of ancient Ayurveda texts, published research works related to it and contemporary literature. Causative factors of *Dadru* are not mentioned separately but the general causes of *Kushtha* such as *ViruddhaAaharadi* and

MithyaViharaadi are responsible for *Dadru*. So relapse is more common. Therefore according to Ayurveda treating root cause is essential which include avoidance of *nidan*, break down the *samprapti*.

Keywords:

Kushtha, *Dadru*, *Tinea*, Fungal *Dermatophytosis*, Ayurved , *Dadru Nidan*, Diagnosis of *T. corporis*

Introduction:

Skin is supposed to be largest organ of the body. Any ailment related to the skin is always paid maximum attention as it has got cosmetic value. In Ayurveda all skin diseases are termed as '*Kushtha*'. Charakacharya described *Dadru* under *Kshudra Kushtha* while Sushrutacharya and Vagbhatacharya mentioned it as *Mahakushtha*. *Dadru*ishaving *Kandu* (itching), *Udagata Mandalakarpitika* (raised patches with papules), *Raga*

(redness) and is *Pitta Kaphapradhan* skin disease.⁽¹⁾ The aim of this study is to summarize *Dadrukushtha* as per Ayurveda and modern science. It has similarity with Fungal *Dermatophytosis*. It is commonly caused by superficial dermatophytes. It is a contagious disease.

Samprapti-

Simultaneous *TridoshaPrakopa* causes *Twak, Lasika, Rakta, Mansa Shaithilya*. After causing *Shaithilya* of these four, *Prakupita Tridoshas* reside into *Twachadi Sthaan* and cause *Dadrukushtha*. Repeated *Hetu sevan* (exposure to Causative Factors) vitiate *Tridosha* as and move to *TeeryakgaamiSira* and *Baahyamaarga*, hence there is *Mandalotpatti*.

Ayurveda literature describes different types of *Kushtha* in different layers of Skin. Ayurveda gives all skin diseases a term '*Kushtha*' which have 2 main types.⁷ Maha and 11 *Kshudrakushtha*.

1. *Dadru* is one of the most commonly occurring skin disease. This disease have no age or sex limitation.
2. *Charakaacharya* described *Dadru* under *Kshudra* type while *Sushrutaacharya* and *Vagbhattacharya* described it under *Mahakushtha*.
3. *Kushtha* is included in *Mahagad* also it is *Raktapradoshaja Vikara*.
4. According to *Charakaacharya* *Mandalakarpidaka* having *Kandu, Raag* is the characteristic of the disease. *Dadru* lesions are sometimes dry in nature but sometimes having discharge due to intense itching.

All *kushthas* are *Tridoshatmak Vyadhi*. *Dadru* have dominance of *Kapha pitta* according to *Charaka* and *Vagbhata*. But

according to *Sushruta* it is *Kaphapradhanvyadhi*.

Signs and symptoms of *dadru* resemble with Fungal *Dermatophytosis/ Ringworm / Tinea*. The commonest of all fungal infections, *Dermatophytosis* is caused by dermatophytes, a group of fungi that survive by living on keratin. These may spread from Human to human (anthrophilic, by sharing of clothes and personal articles), animal to human (zoophilic, by close contact with pets), soil to human (geophilic, contact with soil).

Microbiologically these fungi have been classified into three genera, *trichophyton*, *microsporum* and *epidermophyton*. *Dermatophytosis* is extremely common in our country due to its tropical climate

According to site of affection *Dermatophytosis* is classified into *tinea corporis* (trunk), *tinea barbae*, *tinea cruris* (groins), *tinea faciea* (face) etc.

Pruritus is common to all types of *Dermatophytosis* except *tinea incognito*, *tinea unguium* (nail) and some cases of non-inflammatory *tinea pedis* (foot) and *manuum* (hand).

Tinea is the name applied to epidermal infection by a class of fungi called *dermatophytes*. Skin infections by fungi can be superficial (dermatophytes).

Aim

To study Literature of *Dadrukushtha* (Fungal *Dermatophytosis/ring worm*).

Material and method:

Present work is based on a review of Ayurvedic literature, research publications relevant to work, and modern literature.

Epidemiology:

Adults, young and middle aged are typically affected. Obesity, diabetes mellitus, sweating tendency, high

temperatures at work place (eg. Near boilers, furnaces), wearing damp or non-absorbent or thick clothing or foot wear in a humid atmosphere, Sharing personal articles like towels, all predispose to these infections.

Sharing caps, combs and shaving blades may lead to *tineacapitis* and *tinea barbae* respectively.

Due to poverty, overcrowding, sanitary bad habits and ignorance of personal hygiene, low standards of living along with high humidity environments, pollution etc These are Increasing factors of disease.

Superficial fungal infection is most common. According to WHO Its incidence rate is 20-25 percent .

In India *Tinea* 5 out of 1000 persons have got *Tineal* infection.

Types of Dadru

Acharya Dalhana classifies Dadru classified in two types:

1) *SitaDadru* 2) *Asita Dadru*

Sitadadru is having recently occurred, having superficial skin involvement and easy to treat.

While *AsitaDadru* is having long term involvement, deeper skin involvement is there and it is difficult to treat.

According to *Sushrutaacharya* Dadru is having deep roots, recurring of the disease is there and involves deeper *Dhatu* and as the chronicity grows . Hence, *Sushruta* considers under it as a *kruchrasadhyavyadhi* and in *Mahakushta*. While Dalhana considers it as *Asita Dadru* which is *kruchrasadhya*.

In case of this disease ignorance is the most commonly cause of recurrence.

Charakaacharya consider it as *Sukhasadhya*, not having unbearable pain, limited to upper layer of skin *Rasa*, *Rakta* and *Mamsa* are majorly involving doshas.⁽⁵⁾

SampraptiGhatak

- *AaharajHetu-*

- *Samashana*-Mixed consumption of *Pathyakar* and *ApathyakarAahar* is known as *Samashana*.
- *Vishamashana*-Having meals in more or less amount, on improper timings, etc. is known as *Vishamashana*.
- *Adhyashana*-Having meals even when the previously taken food has not digested.
- *Viruddhahaar* – haing the meals which are having opposite properties

All these terms are mentioned by *Charakacharya*⁽⁵⁾

Back to back consumption of hot and cold food items or consuming hot food items in cold weather or vice versa,

Having alternate *Santarpana* and *Apatarpana Chikitsa* at huge level,

Repeated consumption of Honey, *Faanit*, Fishes, *Lakucha*, Raddish, *Kaakamachi*, etc. Also consumption in *Ajeerna Avastha*⁽⁶⁾

Chilichim Fish with Milk, *Hayanak*, *Yavaka*, *Cheenaka*, *Uddalaka*, *Kordusha* consumption of these with Milk, Curd, Buttermilk, *Badar*, *Kulitha*, *Udida*, *Javas*, Safflower Oil.

Person having excess intercourse, exercise, working in scorching sun light, fear, excess anger and bathing with cold water , *Vidahi Anna sevan* , holding on Vomit, excess consumption of oily food causes *TridoshaPrakopa* leading to *Shaithilya* of *Twagadi* four *dushya* (*twak*, *lasika*, *mansa*, *rakta*) .

This *Shaithalya* causes *PrakupitDosha* to reside in various *sthanas* and finally causing *Kushtha*.

Vihaaraj Hetu:

Vyayam

Lack of exercise causes *MedaDhatu* to pacify which leads to *Sweda-Kleda* formation and causes *Twakvikaar* while

excessive exercise leads to *VaataVruddhi*.

Holding on vomit, micturition, defaecation, exercising after meal, not following the sequence of consumption of *sheet-ushna-langhan-bhojan*, cold water consumption in fear and anxiety, having meals in indigestion, ill processes of *Panchakarma*,

Intercourse after heavy meals, sleeping after meals during day time, disrespecting and deliberately insulting *Brahmins*, *Gurujan* and unethical behavior are some causes of *Kushtha*.

Physical Un-hygiene

Physical cleanliness keeps the foul odour, heaviness, dizziness, itching, *Aruchi* away. Also the disgust due to perspiration is cleaned.

If physical hygiene is not maintained, excretory products get accumulated and there is occurrence of *Twakavikaar*.

Chhardi Nigrahan (forceful withholding Vomit)-

Holding vomit can cause *Kandu*, *Kotha* etc. Dadru is *Raktapradoshajvikara*.

SwedawahaSrotasDushtiHetu-

Excessive exercise, anger, consumption of hot-cold food items, fear, anxiety are some of the reasons of *SwedawahaSrotas Dushti*. *SwedaSrotas Dushti* also causes *Kushtha*.

Dosha vitiating *Aahar-Vihaaris* opposite to *Dhatusthat* in turn causes *SrotasDushti*.

If Doshas get vitiated and get into *Malas*, they cause *Malabheda*, *Malashosha*, *Malapradushan*.

Malapradushan means *Dushti* of *Varna*, etc. Also *Apravartan* or *Atipravartan* of *malamay* occur.

RatrauJaagran-Diwaswaap- cause imbalance in *doshas*.

Views according to *Kharanaada*

Ratraujaagran causes *Ruksha Guna* to increase leading to *VaataVruddhi*.

Diwaswaap causes increase in *Snigadha Guna* which leads to *Pitta* and *KaphaVruddhi*.

3) *Sansargajanya* -Contagious diseases can spread from one person to another via having intercourse, physical contact, breathe, having meals together, sharing – beds, clothes leading to *Jwara*, *Kushtha*, *Shosha*, *Netrabhishyanda*⁽⁷⁾

4) *KrimiJaHetu: Acharya Sushruta*, *Charak* has mentioned that all types of *Kushtha* originate from *Vata*, *Pitta*, *Kapha*, *RaktandKrimi*. Also it is *Raktapradoshaj* and *Santarpanjanyavyadhi*.

5) Factors mentioned by modern medical science are as follow- The factors that increase the risk of fungal infections include moist skin, obesity, immune-compromised persons, antibiotics or steroid therapy, diabetes, obesity, damaged skin surfaces like a cut or graze etc.

Furthermore the following also contribute to the fungal infections

1. Nutritional & hygienic poverty which leads to poor immunity. 2. Chronic diseases - leading to immuno compromised condition 3. Excessive sweating, Hot and humid climate - leading to moist skin. immunity. 4. Poor living conditions⁽¹²⁾

2. *Poorvarupa*

Either No perspiration or abundant perspiration, Skin dryness, Body stickiness, Discoloration, itching,

pricking pain, numbness, *daaha*, Goosebumps, Ushnata, heaviness, swelling, recurring Visarpa, excess excretory products, excess pain after abcess, burns, animal or insect bite, after fall and delayed healing of wound⁽⁶⁾

Loss of tactile sensation, Either No perspiration or abundant perspiration, discolouration, Kotha, Goosebumps, itching, prickly pain, tiredness, dizziness, severe pain in wound, *daaha*, numbness.

3. Rupa

Charakacharya explains it as- *Dadrukushtha* are *Sakandu*, *rag*, *pidaka* *Udgata Mandala*⁽⁷⁾

Sushrutacharya describes it as *Atasipushpa* and having *visarpanshilpidaka*, but slow in progress i. e. *chirothanatva*. *DurvavatDeerghaPratana* is mentioned by Acharya Vagbhata it is spreading in nature⁽¹³⁾

4. Upashaya

Upashaya is specified for *Dadru* in the classical texts. As *kushtha* is dominant in *Deergharogas*, it requires a prolonged treatment and also rigorous *pathyapalaanaprotocol*. *Dadru* also takes a time to get cured fully as per the texts⁽⁶⁾

5. Samprapti

Charakacharya-Simultaneous *Tridosha Prakopa* causes *Twak*, *Lasika*, *Rakta*, *Mansa* *Shaithilya*.

After causing *Shaithilya* of these four, *Prakupita Tridoshas* reside into *Twachadi Sthaan* and cause *Kushtha*.⁽²⁰⁾

Sushrutacharya- Repaeated *Hetusevan* (Causative Factors) vitiate *Tridoshas* and move to *Teeryak gaamiSira* and *Baahyamaarga*, hence there is *Mandalotpatti*.

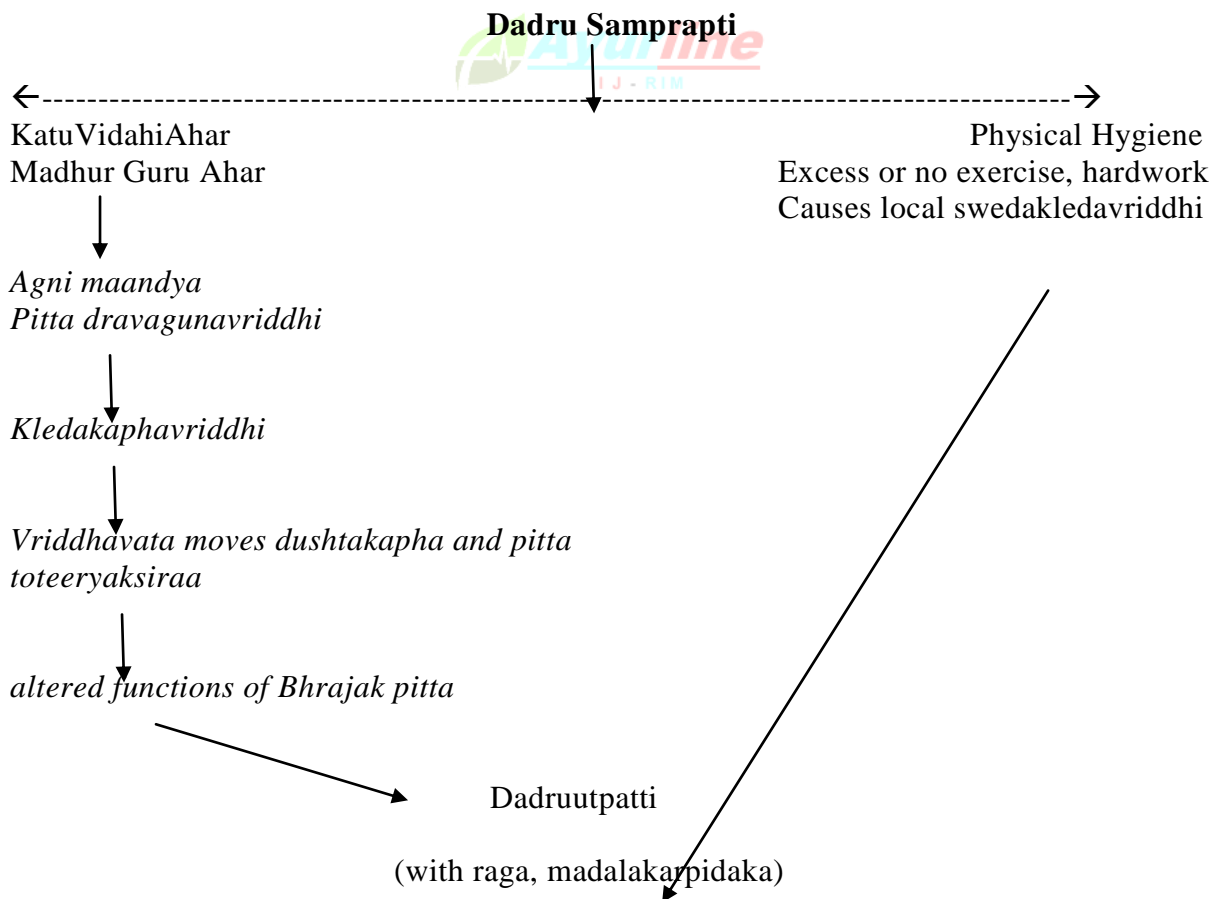


Fig - Tree diagram of *Samprapti*

Sadhya- Asadhyata

According to Acharya Charaka, *Kushtha* which is having all the symptoms along with complications of *Trishna*, *Daha*, *Agnimandhya* and *Krimiyukta* are incurable.

EkaDoshajavatakaphajKushtha is curable. *Kushtha* with *Kapha-Pitta pradhanya* and *Vata-Pitta pradhanya* or *Sannipatika* are difficult to cure. Sushruta says that, the disease is curable if it is present in *Twak*, *Rakta* or *Mamsa* with no sensory impairment. However, if the disease reaches to *MedoDhatu* it will be *Yapya*.⁽¹⁹⁾

Asthigata, *Majjagata* and *Sukragata* are *Asadhya*.

Upadrava

Upadrava of *Dadru* have not been find in Ayurveda texts. However, Charakaacharya describes *Upadrava* of *Kushtha*, which is relevant to *Dadru* because it is a kind of *Kushtha*. These are as follows- *AngaPatana*, *Atisara*, *Angabheda*, *Daurbalya*, *Trishana*, *Arochaka*, *Prastravana*, *Daha*.

Modern Science View:

A typical case has erythematous papules, tiny vesicles and pustules at the margins of a scaly variably pigmented patch. Secondary changes in this 'active margin' may result in crusting scaling and erosions. Initial lesions are grouped reddish papules with a thin scale. Lesions subside centrally and progress peripherally to produce a ring like (annular) lesion, hence the name ringworm.

The appellation *tinea cruris* is used to indicate involvement of upper inner thighs, the commonest site of *Dermatophytosis* in males. *Tinea corporis* affects waistline, axillae, buttocks, other parts of the trunk and extremities excluding palms and soles.

It is diagnosed by Skin scraping by KOH mount which shows presence of fungus.

Pathogenesis:-

Fungal growth in the Stratum Corneum varies in its effect on thickness of epidermis or the amount of inflammation in the dermis.

Conclusion

Dadrukushtha is a *Kaphapitta Pradhana Tridoshaja Aupasargika Roga* (highly contagious). It is curable but need early diagnosis. As Skin reflects mind of a person there is the need to take care of it. For that good food, healthy lifestyle is essential. *Dadru* is the disease type which needs good hygiene care to avoid relapse. Treating *Dadru* mainly focuses on avoiding the etiological factors (*NidanaParivarjanam*) and breaking of pathology (*SampraptiVighatana*) and ultimately is *DhatuSamya* so all *Nidana* to *Sampraptti* is mentioned in this study.

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Conflict of Interest: Non

Source of funding: Nil

Cite this article:

"An account of literary review of Dadru Kushtha Nidan vis a vis diagnosis of T. corporis."
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Ayurline: International Journal of Research In Indian Medicine 2022; 6(3):01-08

Fig:

