

CASE REPORT

Management of *Dadru Kushta* (Tinea Cruris) – A Case Report

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ABSTRACT

Dadru Kushta is one of the varieties of *Kushta* described in Ayurvedic literature and is mainly caused by the vitiation of *Kapha* and *Pitta Doshas*. It is characterized by symptoms such as *kandu* (severe itching), *raga* (redness), *pidaka* (eruptions), *utsanna mandala* (circular elevated patches), and scaling of the skin. Due to similarity in clinical presentation, *Dadru Kushta* can be correlated with dermatophytic fungal infections in modern medicine. Sedentary lifestyle, improper dietary habits, excessive intake of *viruddha ahara*, and poor hygiene are considered important causative factors. In this case report, a patient presenting with classical signs and symptoms of *Dadru Kushta* was treated according to Ayurvedic principles. The treatment was planned on the basis of *Dosha* predominance and involved *Shamana Chikitsa* with Ayurvedic formulations including *Swambhu guggul*, *haridrakhand*, *Gandhak Rasayan*, *Khadirarishta*, and *sadhya virechan* with *avipattikar churna*, along with external application of *shatdhout ghrit*. Dietary regulations and lifestyle modifications were also advised to avoid recurrence. Marked improvement was observed in itching, erythema, scaling, and size of lesions after completion of therapy. The study demonstrates that Ayurvedic management focusing on *Dosha Shamana*, *Rakta Shodhana*, and proper *Pathya-Apathya* can effectively manage *Dadru Kushta* and improve the patient's quality of life without adverse effects.

1. INTRODUCTION

Dadru Kushta is one of the common dermatological disorders described under *Kushta Roga* in Ayurvedic classics. According to Ayurveda, *Dadru* is predominantly a *Kapha-Pitta* dominant disorder characterized by symptoms such as *kandu* (itching), *raga* (erythema), *pidaka* (eruptions), *utsanna mandala* (circular elevated lesions), and scaling of the skin.^[1]

Acharya Charaka has included *Dadru* under *Kshudra Kushta*, whereas Acharya Sushruta has described it under *Maha Kushta* due to its recurrent nature and significant discomfort to the patient.^[2]

In the present era, faulty dietary habits, sedentary lifestyles, poor personal hygiene, stress, and excessive intake of *viruddha ahara* are major contributing factors for the manifestation of skin disorders.

Clinically, *Dadru Kushta* resembles superficial fungal infections such as *tinea cruris*, which commonly present themselves with circular

erythematous lesions associated with itching and scaling. Recurrence and chronicity are frequently observed in such conditions.

According to Ayurvedic principles, the pathogenesis of *Dadru Kushta* involves the vitiation of *Kapha* and *Pitta Dosha* along with involvement of *Rakta* and *Twak*. Management mainly focuses on *Nidana Parivarjana* (avoidance of causative factors), *Shodhana*, and *Shamana Chikitsa*. Various Ayurvedic formulations possessing *Kushtaghna*, *Kandughna*, and *Rakta Shodhaka* properties are beneficial in controlling the disease and preventing recurrence.^[3]

2. CASE REPORT

A 30-year-old male patient came to the Kayachikitsa outpatient department, YMT Ayurvedic College and Hospital, Kharghar with chief complaints of a reddish-black colored patchy ring, such as discoloration, along with itching and scaling, covering a major portion of the inner thigh near the scrotal region for 1 year, but the symptoms elevated in last 1 month.

2.1. History of Present Illness

The patient had been suffering from the above complaints for the last 1 year; he had taken allopathic treatment. Later, symptoms were

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reduced temporarily, but after discontinuing medicines, recurrence occurred. The above complaints were more pronounced in the last 1 month, so he came to YMT Ayurved Medical College for further treatment.

2.2. History of Past Illness

No other systemic disease history was found.

Family History: No family history was found regarding any skin diseases.

Ashtavidh Parikshan

Nadi – 78/min, Madhyam, Pittavat Mala – Malavashthambha

Mutra – Prakrut

Jivha – Alpa Saam

Shabd – Spasht

Sparsh – Anushna Sheeta Druk – Spasht

Aakruti – Madhyam Kshudha – Prakrut Nidra – Prakrut

Clinical Examination

BP – 130/80 mm Hg; all vitals were stable.

Locally, a reddish-black circular patch with whitish-colored scaling was observed.

The patch was well demarcated from normal skin. No sign of discharge was seen locally.

2.2.1. Diagnosis

From the above history and clinical examination, the patient was diagnosed with *Dadru* (tinea cruris).

2.2.2. Investigations

Random blood sugar was within normal limits, and the patient reacted negative for HIV.

3. MATERIALS AND METHODS

In Table 1, the treatment schedule and timeline of treatment are given.

3.1. Assessment Criteria

Assessment of the patient was done on the basis of improvement in subjective parameters such as *Kandu* (itching), *Raaga* (erythema), *Utsanna mandala* (elevated circular skin lesion), and *Pidika* (eruption), and photographs of the lesion before, during, and after treatment. Table 2 describes the grading of the symptoms.

4. OBSERVATIONS AND RESULTS

Assessment before and after treatment is given in Table 3.

Before treatment, the gradation of *Kandu* was 3 (severe itching), which was reduced to 1 (mild itching) at the first follow-up, and it was absent, i.e., 0 grade, after 30 days of treatment, i.e., the second follow-up.

Before treatment, *Utsanna mandal* (elevated circular skin lesion) was 3 (severe elevated lesion), which was reduced to 2 (moderate elevated lesion) at the first follow-up, and it was completely absent 0 grade after 30 days of treatment.

Before treatment, *Raaga* (erythema) was present, which persisted during the first follow-up, and it was absent after 30 days.

Before treatment, *Twak vaivarnya* (blackish-colored severe discoloration) was observed as Grade 3, which was reduced to Grade 2

(moderate discoloration) at the first follow-up and then gradually reduced to Grade 1 (mild discoloration) in the 2nd follow-up.

Thus, complete improvement was observed in all parameters after completion of treatment. The same can be seen in photographs taken before, during, and after the treatment in Figures 1-3.

5. DISCUSSION

Fungal infections affect the skin, keratinous tissues, and mucous membranes on the surface and deep into the skin. Some of the most common skin diseases, affecting millions of people worldwide, are included in this category.^[4] All the *Kushthas* are explained as *tridoshaj* (*Vata*, *Pitta*, and *Kapha*) in our *Granthas*. However, *Acharya Charaka* and *Vagbhata* explained that *Dadru* is *Pitta-Kaphapradhan Vyadhi*, and according to *Acharya Sushruta*, *Dadru* is *Kaphapradhan vyadhi*. *Rasa* and *Rakta* are the main *dhatu*s involved in the *samprapti*.^[5] In the *Samhita*, repeated *Shodhana* and *Shamana* drugs having *Kushtaghna*, *Krumighna*, and *Kandughna* properties are described for *Kushta*.^[6] Along with this, for better results, *Bahiparimarjana Chikitsa* (local application of drugs) in the form of *lepa* is also mentioned. Table 4 shows the details of the prescribed treatment along with their ingredients and therapeutic action.

6. CONCLUSION

Dadru Kushtha is a type of *Kshdrakushtha* according to *Acharya Charaka* and *Mahakushtha* according to *Acharya Sushrut* and *Acharya Vagbhata*. It can be correlated with *tinea cruris* or *dermatophytosis*, as the site and other symptoms resemble. It is *Aupasargika roga*, i.e., a contagious disease, so personal hygiene is also very important as a part of treatment and for prevention of spreading of the disease. From the above case study, it can be concluded that the *Ayurvedic Chikitsa Upkramas* explained by our *Acharyas*, such as *Shodhana* (*Nitya mrudu virechan*), *Shaman* (using formulations such as *swambhu guggul*, *gandhak rasayan*, *haridra khand*, and *khadirarishta*), and *Bahiparimarjana* (external application of *shatdhout ghrut* for local application) are very effective in the management of *Dadru Kushtha*.

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12. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

13. DISCLAIMER/VIEW AND OPINIONS

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Table 1: Treatment schedule

Date	Treatment
March 31, 2026	1. <i>Swayambhu guggul</i> 2 tablets BD before meals 2. <i>Gandhak rasayan</i> 2 tablets BD after meals 3. <i>Haridrakand</i> 2 tablets BD after meals 4. <i>Khadirarishta</i> 4 tsp BD after meals with lukewarm water 5. <i>Avipattikar churna</i> 4 g at night with lukewarm water 6. <i>Shatdhout ghrit</i> for local application
April 14, 2026	1. <i>Swayambhu guggul</i> 2 tablets BD before meals 2. <i>Gandhak rasayan</i> 2 tablets BD after meals 3. <i>Haridrakand</i> 2 tablets BD after meals 4. <i>Khadirarishta</i> 4 tsp BD after meals with lukewarm water 5. <i>Avipattikar churna</i> 4 g at night with lukewarm water 6. <i>Shatdhout ghrit</i> for local application
April 29, 2026	1. <i>Swayambhu guggul</i> 2 tablets BD before meals 2. <i>Gandhak rasayan</i> 2 tablets BD after meals 3. <i>Haridrakand</i> 2 tablets BD after meals 4. <i>Khadirarishta</i> 4 tsp BD after meals with lukewarm water 5. <i>Avipattikar churna</i> 4 g at night with lukewarm water. 6. <i>Shatdhout ghrit</i> for local application

Table 2: Grading of symptoms

Symptoms/grades	Grade 0	Grade 1	Grade 2	Grade 3
<i>Kandu</i> (itching)	Absent	Mild or occasional itching	Moderate or frequent itching	Severe itching
<i>Raga</i> (erythema)	Absent	Present		
<i>Utsanna mandala</i> (elevated circular lesion)	Absent	Mild elevated lesion	Moderate elevated lesion	Severe elevated lesion
<i>Twak vaivarnya</i> (discoloration)	Absent	Mild	Moderate	Severe

Table 3: Assessment before, during, and after the treatment

Symptoms	Day 0	1 st follow-up after 15 days	2 nd follow-up after 1 month
<i>Kandu</i> (itching)	3	1	0
<i>Raga</i> (erythema)	1	1	0
<i>Utsanna mandala</i> (elevated circular lesion)	3	2	1
<i>Twak vaivarnya</i> (discoloration)	3	2	1

Table 4: Treatment along with their ingredients and therapeutic action

Medication	Action
<i>Swayambhu guggul</i>	<i>Kandughna, kushtagna, krimighna, kaphapittahara</i>
<i>Gandhak rasayan</i>	<i>Agnidipak, saptadhatu vardhak, visheshiah raktavardhak, raktashodhak, kandughna, rasayana, pushitkara.</i>
<i>Haridra khand</i>	<i>Kaphapittahar, krimighna, raktashodhak, shothar, deepan pachan</i>
<i>Khadirarishta</i>	<i>Kushtaghna, raktashodhak, kaphapittashaman, krimighna, kandughna</i>
<i>Avipattikar churna</i>	<i>Deepana, pachana, mrudu virechana</i>
<i>Shatdhout ghrit</i>	<i>Pittashamana, dahahar, kandughna, vranropan, twachya</i>



Figure 1: Day 0



Figure 2: 1st follow-up at 15 days



Figure 3: 2nd follow-up at 30 days