

EFFICACY OF DADRUHAR LEPA IN DADRU (TINEA) – A CASE STUDY**Dr. Shubhangi K. Thakur*¹ Dr. Usha P. Deshmukh² and Dr. Jyotsna Varshney³**¹Assistant Professor, Kaumarabhritya Department R. A. Podar Medical College (AYU) Worli, Mumbai Maharashtra.²Professor and HOD of Department of R. A. Podar Medical College (AYU) Worli, Mumbai Maharashtra.³P. G. Scholar Kriyasharir Department of R. A. Podar Medical College (AYU) Worli, Mumbai.***Corresponding Author: Dr. Shubhangi K. Thakur**

Assistant Professor, Kaumarabhritya Department R. A. Podar Medical College (AYU) Worli, Mumbai Maharashtra.

Article Received on 14/01/2018

Article Revised on 05/02/2018

Article Accepted on 25/02/2018

ABSTRACT

Skin diseases are common manifestation in present era and more so frequent in the elder age. The patients of skin disease are additionally prone to experience physical, emotional & socio-economic embarrassment in the society due to disfigured appearance. Normally 10 -15% of the general practitioners encounter with skin disorders in their day to day practice .Kushta a type of skin disorder mentioned in Ayurveda is a Tridoshaja Vyadhi where Rasa, Rakta, Mamsa and Ambu are the main Dushyas. Dadru (Fungal skin infection), one of the most common but miserable variety of Kushta affects the population of all the age group and stands as a challenge to different medical systems in spite of many advances. Dadru, is a Kapha Pitta Pradhan Vyadhi and the management of which includes Shodhana, Shamana and Bahiparimarjana Chikitsa among them Shamana measure in the form of Lepa has shown appreciable result in many prior research studies.dadru can be correlated with tinea infections. A 13 year male patient, was apparently healthy before 4 Months. He gradually developed itching sensation, multiple erythematous papulo vesicular lesions with Sharp boarder and central cleared round red color big patches in groin region. Later it spreads over thigh, genital and buttocks region associated with sleeplessness, treated with dadruhar lepa mixes with kanji for 1 month, improvements were noted in symptoms of itching, redness, vesicular patches.

KEYWORDS: Dadru, Dadruhar lepa, tinea, kanji.**INTRODUCTION**

Skin is the largest organ of human body It's size and external location makes it susceptible to wide variety of disorders. In recent years, there has been a considerable increase in the incidence of skin problem in the tropical and developing countries like India.^[1] All the skin diseases in Ayurveda have been classified under the broad heading of 'Kushta' which are further classified in to Mahakushta and Kshudrakushta. Dadru is one among the Kushta.^[2] Acharya Charaka.

Has included Dadru in Khsudra Kushta,^[3] where as Acharya Vagbhata and Acharya Sushruta have explained under Mahakushta^[4,5] It involves the clinical features like Kandu, Deerghapratana, Utsanna, Mandala, Raaga, Pidakas which exhibits involvement of Kapha and Pitta. Acharya Vagbhata especially mentioned Dadru as Anusangika.^[6] Ayurvedic Classics have considered each type of Kushta to be a Tridoshaja manifestation. Nonetheless their Doshik identity can be established on the basis of dominance of Dosha in the Samprapti. Thus Dadru is purely Kaphaja phenomenon. On the basis of presenting symptomatology most of the scholars have simulated Dadru with 'Tinea' through modern perspective. It comes under, superficial fungal infections

of the skin. Skin diseases are mainly caused by the involvement of several microorganism where Tinea is one among them. Tinea/Ringworm infection is caused by a distinct class of fungi. They thrive in keratin layer of the epidermis, nails and hair. However, they do not invade the living epidermis. The serum fungal inhibitory factors in the extra vascular space prevent the penetration of the fungi in the living tissue. Several factors such as poor nutrition, unhygienic conditions, hot and humid climate, vocation promoting sweating and maceration, Diabetes mellitus, debilitating diseases, administration of corticosteroids and immunosuppressive agent, atopic, close and intimate contact with infected persons ,animals and fomites predispose to ringworm.

Infection It should be noted that 10 - 15% of the general practitioners work with skin disorders.^[7] 5 out of 1000 people are suffering from Tinea infection.^[8] In contemporary Medical science, management of Tinea is carried out with usage of topical or systemic antifungal, corticosteroids. Long lasting usage produces the adverse effect also.^[9] Possible palliative treatments with Ayurveda. There are numerous Yoga's in Ayurveda for the treatment of Dadru Kushta, in which dadruhar lepa

mention by acharya vagbhata in chikitsa sthana was selected for study.

CASE DISCUSSION

A 13 years male patient was apparently healthy before 4 Months. He gradually developed itching sensation, multiple erythematous papulo-vesicular lesions with Sharp boarder and central cleared round red color big patches in groin region. Later it spreads over thigh, genital and buttocks region associated with sleeplessness.

Past history

Same complains present since 4 month
No H/O any major illness
No H/O any drug allergy or any previous surgery

Local examination

Site of lesion (pidika sthana) – Groin
Distribution (vaypti) – Asymmetrical
Itching (kandu) - Sever itching is present in both day and night.
Inflammation (raga) - Moderate present

Past Treatment history

Tropical local applications, antifungal drugs taken for 1 month, anit helminthic were used.

Type of study- A case study.

Center of study - opd, department of kaumarbhritya M. A. Podar hospital worli, Mumbai.

Material and methods-

Dadruhar lepa – laksha, trikatu, parpunata beej, shreeveshtam (gugulu), kusth, sidhartak (peet sarshap), haridra, mulak beej Kanji.

Method of lepa application

Dosage: Required quantity of dadruhar Lepa taken and mix with Kanji apply over the affected Part of the body (External application)

Treatment schedule

Duration of treatment for 40 days.
External application – dadruhar lepa twice a day with kanji.
Review every 10 days.

Assessment criteria for the evaluation of the patient

Sr. no.	Parameter	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
1	Itching	Occasionally mild itching	Mild itching	Mod .itching	Severe itching	Severe ct. itching
2	Inflammation	Mild inflammation	Moderate inflammation	Severe inflammation	Severe inflammation with erythematous	Severe inflammation with erythematous
3	Color changes	Pink color	Pinkish red color	Red color	Blackish blue color	Violence black color
4	Nature of lesion	Mild visible lesions	Moderately visible	Prominent visible lesions	Prominently visible lesion with discharge	Prominently visible lesion with discharge
5	Size of lesion	1-2 cm	2-3cm	3-4 cm	4-5cm	Above 5 cm
6	No .of lesions	Only lesions	2 lesions	3 lesions	4 lesions	More than 4 lesions

OBSERVATION

Sr. no.	parameter	Before treatment	Review			After treatment
			10 days	20 days	30 days	
1	Itching (kandu)	Severe itching	Mod .itching	Mod .itching	Mild itching	Occasionally mild itching
2	Inflammation (pidika)	Severe inflammation with erythematous	Severe inflammation	Severe inflammation	Moderate inflammation	Mild inflammation
3	Color changes (raga)	Blackish blue color	Red color	Red color	Pinkish red color	Pink color
4	Nature of lesion (mandalas)	Prominently visible lesion with discharge	Prominent visible lesions	Prominent visible lesions	Moderately visible	Mild visible lesions
5	Size of lesion	4-5cm	3-4 cm	3-4 cm	2-3cm	1-2 cm
6	No .of lesions	4 lesions	3 lesions	3 lesions	2 lesions	Only lesions

DISCUSSION

In this present case depend on Nidana (Sankramika) and Lakshana (Raga, Pidika, Kandu, and Mandala in groin region), this case was diagnosed as dadru kustha.

Dadru is Kapha dominant disease, Besides its Rasagata manifestations. Hence considering this Different

Acharya has described its treatment as application of Shodhana Lepa. Bahiparimarjana Chikitsa or Shamana shows excellent result in the form of Lepa and internal medicines like Kwatha.

The disease mainly bahaya rogamarga and involves Rasavaha and Raktavaha Srotas, tridoshas (mainly kapha pitta pradhan), twak, rakta, lasika, swed dushayas and

twak adhisthan. Further Srotas are never involved. This is the specificity 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 Pidaka are in the form of Parimandala having spreading nature (Visarpanshila) but slow in progress or chronic in nature (Chirrottham) with Kandu. Hence, selected drug for this study was 'dadruhar lepa' mentioned by Acharya vagbhata in chikitsa sthana.^[10]

Probable mode of action of dadruhar Lepa

The contents of Viz. dadruhar lepa laksha, trikatu, seeds of Chakramarda shreeveshtakam (gugulu) Kushta, Sarshapa, haridra, mulak are mixed with kanji which possess snigdha, Tikshna, Laghu, Vishada Guna, Ushna Virya & Katu Vipaka properties.

The Lepa is said to be Sukshma in nature as it is macerated with kanji for two times. Upon topical application, the active principles of the Lepa reach to the deeper tissues through siramukha & swedavahisrotas & stain it with its Sukshma & Tikshna property. Due to its Ushna, Tikshna, Vishada & Sukshma properties it blocks the obstruction in swedavahi srotas & allows the local toxins to flow out through the Sweda, thus clearing out the micro channels. The Ushna Virya of dadruhar lepa & Snigdha Guna of its vehicle i.e. kanji causes pacification of Kapha which forms the samprapti vighatan thus, alleviating the symptoms. Tropical preparation applied might have acted by its Ruksha and Lekhana property for pacifying the Kapha Doshas locally and maintained the equilibrium the other Doshas. The Sukshma property of drugs used might have penetrated into deeper Srotas and dissolved the Sanga. After acting locally, the impaired Dhatwagni of Rasa and Rakta might be corrected to some extent by the Agnideepana property of the ingredients present in the Lepa. By this Dhatu Shaithilya might have resolved and provided nourishment to Twacha.^[10]

When a Lepa is applied over the surface of skin opposite to the direction of hairs on it, through a proper base, the active principles of the ingredients of Lepa are released into that base. After that, this combination enters the Romkupa & further gets absorbed through the Swedavahi Srotas & Siramukh it does the Cutaneous Biotransformation and which will pacify the Doshas and leads to breaking of Samprapti. However, it should be kept in mind that the pilosebaceous uptake i.e. absorption of Lepa differs as per the site variation, skin condition.

In this present case study, Highly significant result was observed in the symptoms of kandu, raga mandal and pidikas.

Kandu is produced by the vitiated Kaphadosha. katu, tikta, kasaya rasa Kandughna, Kustaghna Kaphashamaka, Ushna Virya, of gugulu, chakramarda, haridra and kustha which helps to reduce in the symptom of kandu.

Raga is resultant of Pitta Prakopa. sheet, madhur, tikta rasa, and properties like raktashodhak, raktaprasadak, varnaya, deepan, pachan of gugulu, haridra, sunthi, kustha, chakramardbeej causes pittashaman and helps to reduce in the symptom of raga.

Pidika are produced due to the Kapha Pitta Pradhana Tridosha. The Ushna, Rooksha, Tikshna Gunas of laksha, sunthi, marich, pipali, kustha causes kaphapittashaman which helps in reducing the pidikas.

Mandalas are resultant of Tridosha. The Kustghna, Twakdosha, Raktadoshahara,

Laghu, rooksha Guna, etc. Gunas of chakramard, kusth, haridra, sarshapa, gugulu, trikatu, laksha.

In this present case study, it was observed that due to the application of dadruhar lepa pacifies the doshas and leads to breaking of samprapti, which helps in reducing the symptoms like kandu, pidika. Raktashodhak, rasashodhak, varnaya, lekhan, sothahar properties of lepa pacifies dushayas and which helps in reducing the symptoms like raga and mandalas.

In this present case study it was observed that, due to decreased in the symptom of kandu, raga, pidika patient was more comfortable in night.

CONCLUSION

The results suggested that Dadruhar lepa showed significant result after treatment in Kandu, color of mandala, number of pidika, number of mandala variables and the efficacy of the treatment was highly significant even during follow up. In this case study patient completed the full course of treatment without any adverse reaction to drug.

Hence it can be suggested that Dadruhar Lepa can be used in the patients suffering from Dadru Kushta.

REFERENCES

1. Ronald Marks, Roxburgh's Common Skin Diseases, 16th Edition, ELBS with Chapman & Hall, London, Chapter-1, 1993; 1.
2. Prof Priya Vrat Sharma, Caraka Samhita of Agnivesa with English Translation, 1st Edition- Reprint, Chaukhambha Orientalia, Varanasi, 2008; 2: 183.
3. Prof Priya Vrat Sharma, Caraka Samhita of Agnivesa with English Translation, 1st Edition- Reprint, Chaukhambha Orientalia, Varanasi, 2008; 2: 184.
4. Ashtanga Sangraha of Sarvanga Sundari Vyakhyaya Samhita Sutrasthana- Prathama Bhaga by Shri. Pandita Lalachandra Shastri Vaidya, edited by Vaidya Ranajitaraya Desai; 3rd edition; Shri. Baidyanath Ayurveda Bhavana, pvt. Ltd Nagapur, 1986; 137.

5. Sushruta Samhita of Sushruta with the Nibhanhasangraha Commentary of Shri. Dalhanacharya; and the Nyaya Chandrika of Shri.Gayadasa Acharya by Vaidya. Jadavaji Trikamji Acharya; 5th edition; Choukambha Orientalia, Varanasi, 2005: 37.
6. Ashtanga Sangraha of Sarvanga Sundari vyakhyaya Samhita Sutrasthana- prathama bhaga by Shri. Pandita Lalachandra Shastri Vaidya, edited by Vaidyan Ranajitaraya Desai; 3rd edition; Shri. Baidyanath Ayurveda Bhavana, pvt. Ltd Nagapur, 1986; 140.
7. Ronald Marks. Roxburgh's Common Skin Diseases, 17th edition, Chapter-1, Arnold, London, 2003; 3.
8. Usha Sharma, Tinea infections, unwanted guests, 2010; 1.
9. VN Sehgal. Text book of Clinical Dermatology, 5th edition, Chapter-13, Jaypee Brothers Medical Publishers, New Delhi, 2011; 55.
10. Astanga hrdayam of srimadvagbhata edited with 'nirmala'hindi commentary by dr. brahmanand tripathi, chaukhambha Sanskrit pratishthan, reprinted, Varanasi, chikitsa sthana, 2015; 19/85.