

Case Report



Agada-based Ayurveda management of Dadru (Tinea corporis) – A case report

¹Rudramma R Hiremath, ^{2*}Hemlata Shete, ³Sushma Kanavi

ABSTRACT:

Background: The majority of skin conditions in Ayurveda fall under "Kushta". Dadru is a sub-classification of the Kushta. Dadru (Tinea corporis), a skin condition, has become more prevalent in our society in recent years. It is a tridoshaja vyadhi, with a predominance of pitta and kapha doshas. It is a skin condition marked by papules with dark pigmentation and a tendency to spread. **Clinical findings:** A 55-year-old male presented to the skin OPD with a circular, dry, hyperpigmented active lesion over the chest region and associated with severe itching, symptoms had persisted for the past six months. The lesion had gradually increased in size despite topical cream use. Microscopic examination of skin scrapings revealed fungal elements, confirming the diagnosis of Dadru (Tinea corporis). The condition was managed with only external application of Bilwadi agada and Nalpamradi taila, both applied twice a day for 10 days, followed by only application of Nalpamradi taila twice a day for the next 10 days; thus, had two follow-ups on the 11th and 21st days. Possessing krimighna (antimicrobial), kandughna (anti-pruritic), and vishaghna (detoxifying), Twak-prasadana (skin-brightening) synergistically relieves symptoms of Dadru. By the 21st day, Kandu (itching) and Raga (erythema) reduced to grade 1 (mild), while Pidaka (papular eruptions) and Rookshata (dryness) and Utsanna Mandala (elevated lesions) completely resolved to grade 0. **Outcome:** Notable improvement in symptoms and the size of the lesion was reduced, restoring the skin to its normal texture and colour and on KOH mount for presence of fungal hyphae microscopic examination of the lesion showed Hyphae absent and no spores indicating clearing of the fungal elements. **Conclusion:** The external application of Bilwadi agada and Nalpamradi taila significantly reduced symptoms and achieved microbial clearance, thus managing Dadru effectively in 21 days.

KEYWORDS: Case report, Agada, Kushta, Dadru, Tinea Corporis, Ayurveda, skin disease

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1. INTRODUCTION

Fungal infections (Superficial mycoses/ Dermatophytosis) are the most frequent, common infections affecting 20-25% of the global population, [1] with dermatophytes being the predominant pathogens attacking skin, scalp hair and nails. Their prevalence is remarkably complex in tropical regions like India (nearly 4.1%) are afflicted by a serious fungal disease which bears a significant portion of the global burden. [2] Dermatophytosis specifically, is the most recurrent fungal infection in humans, influenced by atmospheric conditions, community habits, migration, hygiene etc.

In *Ayurveda*, skin disorders are classified under *Kushta* (skin diseases), *kshudra roga* (minor diseases) and *visarpa rogas* (spreading skin disease) often attributed to *Viruddha ahara* (incompatible food), Excessive consumption of *Guru* (heavy), *Snigdha* (unctuous), *drava* (liquid) *ahara*, *Nava anna* (newly harvested), *dadhi* (curd), *Matsya* (fish), *tila* (sesame), *lavana* (salty), *guda* (jaggary) etc, poor hygiene, unhealthy lifestyle and psychological stress, restraining natural urges like vomiting, Exercise after consumption of food, Improper diet after *panchakarma*, *Diwa swaptna* (day sleep) etc.

[3] Skin is the external covering of the body, which is mostly affected by Fungus. *Dadru* is marked by key symptoms such as *Kandu* (itching), *Utsanna mandala* (raised circular patches), *Raaga* (redness) and *Pidaka* (pustules). [4] As per *Acharya Sushruta*, *Dadru* is a spreading skin disorder. [5] The condition *Dadru*, arising from aggravated *pitta and kapha* with increased *kleda* (excess moisture), [6] closely parallels the clinical features of tinea infections. Modern treatment offers

symptomatic relief without correcting the skin milieu, thus increasing the chance of recurrence and chronicity. Treatment becomes costly because of prolonged medication and recurrence. Adverse effects of systemic antifungals have also been noted. *Bilwadi Agada*, [7] described in *Astanga Hrudaya* possesses *krimighna* (antimicrobial activity) properties, while *Nalpamradi taila*, [8] from *Sahasrayoga* is indicated in *kandu*, *visarpa* and *kushta* and widely used in different skin conditions. Previous case Reports have indicated the internal and external use of *Krimighna* medications in the management of *Dadru*. In this particular case, *Agada*-based only external treatment was employed with *Bilvadi Agada*, followed by *Nalparadi Taila* in *Dadru*.

2. CASE REPORT

Patient information:

A 55-year-old male Hindu patient from a rural area presented to our hospital with a circular, dry, hyperpigmented lesion on the chest, associated with severe itching. The lesion gradually increased in size over a period of six months for which he took over the counter corticosteroid for external application. There was no history of trauma, insect bites or any other systemic symptoms like fever, etc. The patient reported no history of diabetes mellitus (DM) or hypertension (HTN) or any other chronic medical condition. Had neither any relevant family history. The patient was driver and used to have mixed diet, good appetite, regular bowel movements, but irregular timings of food and sleep with no habit of alcohol or tobacco or smoking.

Clinical Findings

On General examination patient appeared moderately built and well nourished and had no pallor, icterus, clubbing, or lymphadenopathy. The Vital signs were also within normal limits with blood pressure of 110/70 mmHg, pulse of 78 beats/minute, temperature of 98.8°F, and respiratory rate of 20 breaths/minute.

The patients had no history of any major illness or allergy and systemic examination of the respiratory and cardiac systems reported no abnormalities.

Local examination

Inspection: The lesion morphology examination revealed that the type of Primary lesion was plaque with central clearing with slightly elevated margins. The texture was dry and scaly.

Distribution: single asymmetrical lesion located over the anterior chest region. No satellite lesions were noted in the adjacent area.

Shape: circular, and margins were well demarcated and raised.

Colour: hyperpigmented.

Other: There was no discharge, crusting or secondary infection and the surrounding skin was normal.

Palpation: the lesion was firm, non-tender and fixed to the skin with no rise in temperature and associated with pruritus on touch, consistent with the patient's presentation. Regional lymph nodes were not enlarged.

Investigation: Microscopic examination of fungal scrapings (KOH mount), which revealed septate branching hyphae, confirming the presence of a dermatophyte infection (Figure 2).

Ashtavidha Pariksha:

- *Nadi*(pulse)-*vata-pitta*
- *Mala*(bowel) -*Prakruta*(normal)
- *Mutra*(micturition)- *Prakruta*(normal)
- *Jivha*(tongue)- *alipta*(without coating)
- *Shabdha*(speech)- *Prakruta*(normal)
- *Sparsha*(touch)- *Anushana sheeta*
- *Drik-Prakrutha*(normal)
- *Alkriti*(built)- *Prakruta* (normal)

Dashavidha pareeksha

- *Prakruti-Vata-pittaja*
- *Vikruti- Vikruti* noted *Dosha Kapa Pitta* dominance, primarily involving *Rasa* and *Rakta Dhatus*, with the *Twak* (skin) as the primary site (*vyakta sthana*)
- *Sara- Madhyama*
- *Samhanana- Madhyama*
- *Satva- madhyama*
- *Satmya- Madhyama*
- *Pramana- Madhyama*
- *Hara shakti- madyama*
- *Vyayama shakti- madyama*
- *Vaya- Madhyama*

Prakruti was *vata-pitta*, *sara*, *samhanana*, *satmya*, *stave ahara shakti*, *vyayama shakti* and *Pramana* all were *Madhyama*, and *vaya* was 55years. *Vikruti* noted *Dosha Kapha-Pitta* dominance, primarily involving *Rasa* and *Rakta Dhatus*, with the *Twak* (skin) as the primary site (*vyakta sthana*)

Diagnostic Assessment: The disease was diagnosed as *Dadru* on the criteria of classical *Ayurvedic* clinical features.

Differential Diagnosis: *Sidhma kushta*: The condition was differentiated from *sidhma kushta* because there was no

scaling and severe itching; in contrast, *sidhma* presents with scaling and mild itching.

Dry annular lesion with a sharply demarcated, raised border and central clearing, and accompanied by severe itching, differentiates the *Tenia* infection from psoriasis, which presents with erythematous plaques with silvery flakes and symmetrical distribution and also differentiates from eczema & dermatitis, which presents with ill-defined, inflamed patches and poorly defined borders.

Therapeutic Intervention & Timeline

Patient was instructed to apply *Bilwadi Agada* followed by *Nalpamradi taila* topically for the initial 10 days. A follow-up evaluation was performed on Day 11. From

Table 1. INTERVENTION –

Interventions	Route of Administration	Duration	Assessment days
<i>Bilwadi agada</i> (Batch no: 23C2276) & <i>Nalpamradi taila</i> (Batch no:23C1647) Vaidya Ratnam GMP Certified Ayurveda pharmacy	Local application (<i>lepa</i>)	Twice a day	0 th , 11 th and 21 days

Day 11 to Day 21, patient was asked to apply *Nalpamradi taila* alone for next 10 days. Final assessment was carried out on Day 21. The classical symptoms were graded as severe as grade 3, moderate as grade 2, mild as grade 1 and absent as grade 0, respectively. Microscopic examination was reported in terms of only presence and absence of fungal hyphae. Hygienic instructions given to the patient were to bathe twice daily, use washed and dried cloths to wear, clean the affected areas if sweating and dietary restrictions were to avoid *kapha* and *pittakara ahara*, excessive spicy food, *Snigda* (oily) food, *Nava anna* (newly harvested) and *viruddhahara* (in compatible) like sudden hot and cold liquids intake.

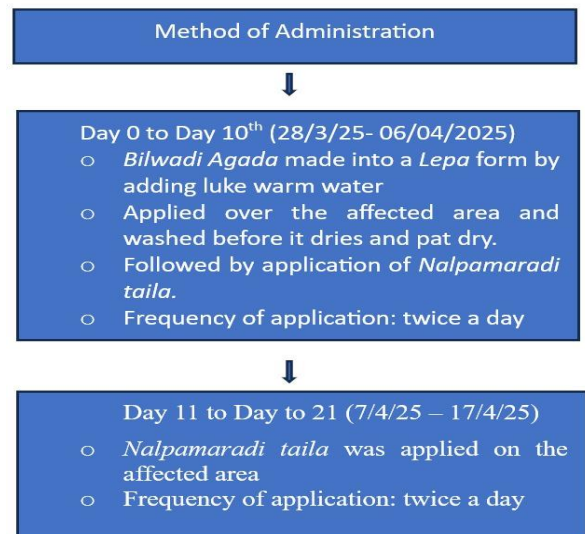


Figure 1: Method of administration

Table 2: Timeline

Date	Interventions	Outcome
28/03/2025 (Day 0 -Baseline)	<i>Bilwadi agada</i> mixed with luke-warm water, applied on the lesion and washed before it dries and pat dry, followed by application of <i>Nalpamradi taila</i> twice a day.	<i>Kandu</i> (itching) grade 3 <i>Raga</i> (erythema) grade2 <i>Pidaka</i> (eruption) grade 1 <i>Rookshata</i> (dryness) grade 1 <i>Utsanna Mandala</i> (elevated lesion) grade 2

0 th day -10 th day (28/03/2025 – 06/04/2025)	<i>Bilwadi agada</i> mixed with luke warm water, applied on the lesion and washed before it dries and pat dry, followed by application of <i>Nalpamradi taila</i> twice a day.	<i>Kandu</i> (itching) reduced from grade 3 to 2, <i>Raga</i> (erythema) reduced from grade 2 to 1, <i>Pidaka</i> (eruption) reduced from grade 1 to 0, <i>Rookshata</i> (dryness) reduced from grade 1 to 0, <i>Utsanna Mandala</i> (Elevation of lesion) reduced from grade 2 to 1, Microscopic Examination of fungal hyphae was absent by the 11 th day.
11 th -21 st day (07/04/2025 to 17/04/2025)	Only <i>Nalpamradi taila</i> twice a day for external application	<i>Kandu</i> (Itching) and <i>Raga</i> (Erythema) were reduced to mild with grade 1, <i>Pidaka</i> (Eruption), <i>Rookshata</i> (dryness), <i>Utsanna Mandala</i> (Elevation of lesion) were reduced completely with grade 0. Microscopic Examination of fungal hyphae were absent by 21st day.

Follow-up and Outcome: The patient was closely observed for improvement and adherence as the treatment progressed with evaluations conducted at the 0th, 11th and 21st day (Table 2). By the first follow-up (11th day), *Kandu* (itching) decreased from grade 3 to grade 2 and *Raga* (erythema) from grade 2 to grade 1; *Pidaka* (papular eruptions) and *Rookshata* (dryness) resolved to grade 0 and ; *Utsanna Mandala* (elevated lesions) reduced to grade 1. *KOH* (*Kirmi Pariksha*) showed fungal hyphae on day 0 and was negative on both day 11 and day 21. By the 21st day, marked clinical

and mycological improvement was observed, with complete resolution of *Pidaka*, *Rookshata*, and *Utsanna Mandala*, and negative *KOH* findings. However, mild residual signs persisted with *Kandu* (itching) grade 1 and *Raga* (erythema) grade 1. Overall assessment: near-complete remission with minimal residual symptom.

Adherence, tolerance and adverse event: During the 21 days of external treatment, the patient followed the application of *Lepa* and *Taila* properly as instructed with good adherence and tolerance and no adverse effects were reported.

Table 3: Follow-ups and outcomes summary

Parameters	0 th day 28/03/2025	11 th day 07/04/2025	21 st day 17/04/2025
<i>Kandu</i> (itching)	Grade 3	Grade 2	Grade 1
<i>Raga</i> (erythema)	Grade 2	Grade 1	Grade 1
<i>Pidaka</i> (eruption)	Grade 1	Grade 0	Grade 0
<i>Rookshata</i> (dryness)	Grade 1	Grade 0	Grade 0
<i>Utsanna mandala</i> (elevation of lesion)	Grade 2	Grade 1	Grade 0
Microscopic Examination of fungal hyphae	Present	Absent	Absent

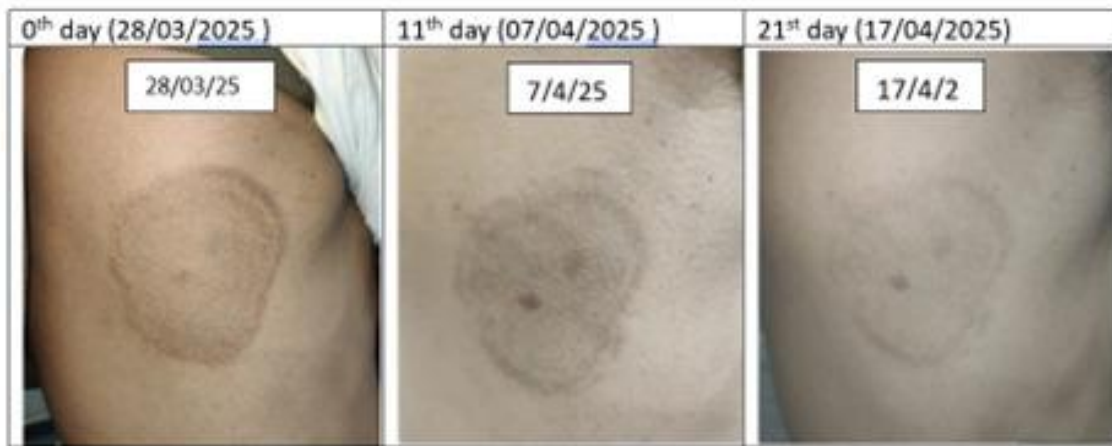


Figure 2: Photographs of the patient's lesion at every follow-up, Day 0, Day 11th and Day 21st.

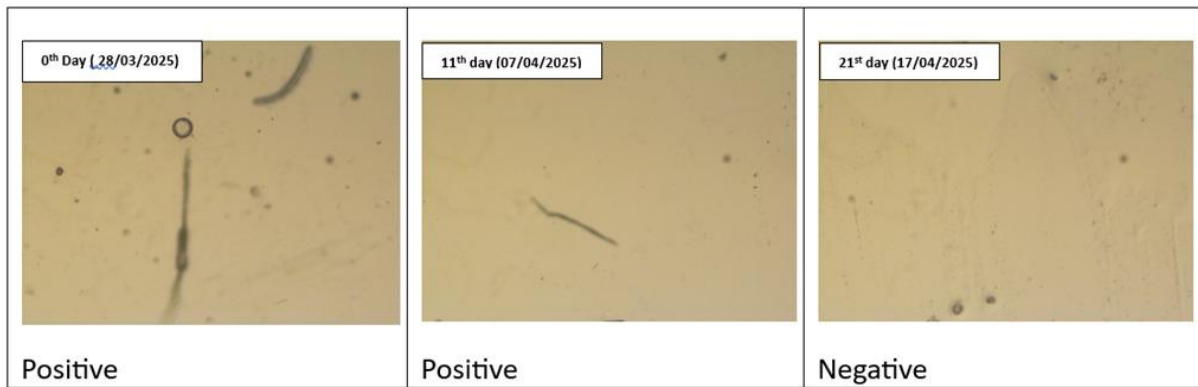


Figure-3: Microscopic examination of lesion scraping at every follow-up

3. DISCUSSION

The present case report shows the therapeutic efficacy of the topical application of *Bilwadi Agada* followed by *Nalpamradi taila* in the management of *Dadru* w.s.r to *Tinea corporis* with 21-day duration with assessment on 11th and 21st day. Both the trial medicines are known for its *kapha-pitta hara* properties, thus justifying the rationale of their use in *Dadru*. *Bilwadi Agada* is classically indicated in *Bhutavidharshitam* conditions, which are correlated with the microbial infestation. [6] The ingredients such as *Bilwa Moola*, *daruharidra*, *trikatu*, *triphala*, *surasa pushpa*, *haridra*, *karanja phala* in *Bilwadi agada* have potent antimicrobial and anti-inflammatory and Most of these possess *katu*, *tikta*

rasa, *ushna veerya*, and *katu vipaka* acting as *kapha vata hara*, *kushtaghana*, *vishaghna* (Anti toxic) and *kandughna* (Anti purities) and *keetaghna*(Antimicrobial). [8], [9], [10], [11] *Bilwadi agada* is said to possess *shothahara* (anti-inflammatory), *vranaropana* (wound healing) properties. And since *aja mutra bhavana* is given, it also facilitates the *srotoshdhana* (clears the obstructed channels) and reduces the *shrava* (exudation) and facilitates the *varna ropana* (healing) of the lesion, thus exhibiting antimicrobial and also immunomodulatory actions in different dermatological conditions. *Nalpamradi taila*, on the other hand, is indicated in *kushta* and *visrapa* in classics. [10] The ingredients of the *taila* are *Ashwatah*, *Udumbara*,

Plaksha, Rakta chanadana, Kushta, Haridra, Manjista, Triphala have *visrapa hara, shothahara* and *vrana ropana* actions, (Figure 2). The formulation exhibits *Tikta* and *Kashaya Rasa, Sheeta Veerya*, and *Guru Guna*, effectively mitigating *Pitta* and *Kapha* dominance and the base *keratila* (coconut oil) facilitates the transdermal absorption of these herbs. [12], [13], [14] Tannins and flavonoids constitute the major phytoconstituents of *Ksheeri Vriksha*, which exhibits the antioxidant and antibacterial effects, thus reducing the *kandu, daha* and *shotha* (Table 2).

In this case, the clinical outcome aligns with the classical concept of *chikitsa* in *Dadru*, which focuses on *kapha-pitta hara, krimighna, kandughna* and *raktashodhana*. Combined action of both *Bilwadi agada* and *Nalpamardi taila* addresses *dosha dushti* and (figure 3) as *hetu* and in 21 days, giving significant results by reducing the symptoms of *Kandu, Raga, Pidaka*, and *Utsanna Mandala* (Table 2). No adverse effect was reported during and after treatment. Along with external application, *pathya-apathya* in terms of diet and hygiene was advised, which aided the treatment through *nidaanaparivarjana*.

4. CONCLUSION

This case provides evidence supporting the *Agada-based* treatment protocol by using of *Bilwadi agada* and *Nalpamardi taila* as external applications in the management of 6-month-old *Dadru (tinea corporis)*. The treatment was carried out for 21 days with two follow-ups. Significant Progressive improvement was noted in *kandu and raga* and complete resolution of *Pidaka, Rookshata* and *Utsannamandala* with negative

microscopic findings of fungal hyphae were observed. No adverse reactions or incidental findings were noted. This treatment proves that *agada-based* external therapy is not only clinically effective but also a safe and economical alternative in dermatological practices and provides significant benefits in recurrent tinea infections while enhancing skin health.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - The patient was satisfied with the treatment and improvement was seen during the entire course of Ayurveda treatment.

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