



Case Study

AYURVEDIC MANAGEMENT OF DERMATOPHYTOSIS THROUGH THE COMBINED EFFECT OF LEPA AND SHODHANA: INSIGHTS FROM A CASE STUDY ON DADRU KUSTHA

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Article info

Article History:

Received: 25-11-2025

Accepted: 23-12-2025

Published: 20-01-2026

KEYWORDS:

Dadru kustha, *Tinea corporis*, Ayurveda, *Shodhana*, *Virechana*.

ABSTRACT

Methods: In everyday life, fungal infections are quite common. Many topical and systemic anti-fungal and anti-itch medications are currently used as standard treatments; however, they are associated with serious side effects and a high rate of treatment failure. In recent years, the occurrence of skin problems has greatly increased in developing countries such as India and tropical regions, due to factors like poor nutrition, living conditions, immunity, and hygiene. Because fungal infections tend to recur and can lead to more severe diseases if not treated, they pose a major challenge for doctors. In this case report, a 65-year-old male patient suffering from an extensive form of *Tinea corporis* for more than a year was effectively treated using *Virechana* (therapeutic purgation), *Lepa* (paste) and *Jalauka* (leech therapy). **Results:** The patient's skin lesions and symptoms showed significant improvement after 44 days of consistent treatment. After one month of treatment, there were no signs of the lesions recurring. Ayurvedic medications offer an effective treatment for *Tinea corporis*. Follow-up after four months showed no recurrence of the skin lesions. **Conclusion:** The present case provides an effective approach to the chronic and recurrent cases of *Tinea corporis*.


INTRODUCTION

In Ayurveda, all skin diseases are grouped under the broad category of '*Kushta*,' which is further classified into *Mahakushta* and *Kshudra kushta*.

According to *Acharya Charaka*, *Dadru kustha* is one of the *Kshudra kushta*. It is classified as *Raktapradoshaja vyadhi*, involving *Kapha* and *Pitta dosha*. It can be linked to *Tinea corporis*. In *Ayurveda*, *Shodhana* and *Shamana* treatment are mainly recommended for *Kushta*. Dermatophytes are associated with *Dadru kustha* due to its characteristics such as *Utsanna mandal* (elevated circular lesion), *Raga* (erythema), *Daha* (burning sensation), *Pidaka* (eruptions), and *Kandu* (itching), which are features of a fungal infection caused by poor hygiene.

Dadru Kustha has a color similar to that of a linseed flower or copper and is serpigineous with many eruptions. *Dadru* is considered as a *Kshudra kustha* by *Acharya Charaka* and a *Mahakushta* by *Acharya Sushruta* and *Vagbhatta*. It is a *Chirkalaja* (chronic) disease with predominant vitiation of *Pitta* and *Kapha dosha*. Fungal diseases have been known since ancient times in the Indian subcontinent; the *Atharva Veda*, an ancient Hindu text written between 1500 and 500 BCE, mentions mycetoma ('*Pada valmikam*,' or 'anthill foot') in the Indian population. These clinical features of *Dadru kustha* described in Ayurveda are common in fungal infections and can spread easily to other parts of the body.

Case Report: A 65-year-old male, residing in Rajeev Nagar, Hyderabad, visited the Outpatient Department (OPD) of the Department of Panchakarma, Government Ayurvedic Hospital, Erragadda, Hyderabad, India (OPD Reg. No. 1429/2024) on 06/01/24 with complaints of rashes and itching over his back, buttocks, groin, back of the thigh, and lower legs for the past three years. These symptoms had been intermittent for three years and had recently recurred three months before his

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	https://doi.org/10.47070/ayushdhara.v12i6.2430
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OPD visit. His medical history revealed that he had been examined by doctors and diagnosed with *Tinea corporis* (body ringworm), for which he had received Fluconazole 150mg once a week for eight weeks along with mometasone and clotrimazole cream for local application. He had experienced temporary relief for a few months, but the rashes and symptoms returned. He also had a history of hypertension and diabetes, for which he was on modern medicine.

On examination, his *Prakriti* (body constitution) was *Vata-kapha*, his *Agnibala* (digestive power) was poor, while his *Sharir bala* (physique) was medium. The systemic examination did not reveal any abnormalities. Routine hematological investigations showed Hb-12gm/dl, total leukocyte count-5000/cumm, neutrophils-53%, lymphocytes-20%,

eosinophils-20.6%, monocytes- 5.4%, and uric acid-4.14mg/dl, all within normal ranges. RBS-162 mg/dl was abnormal. The rashes were very pruritic, itchy, starting as small red papules that gradually increased in size and became circumscribed rashes. On local examination, the patient had multiple circumscribed rashes with central clearing of varying sizes symmetrically distributed over the affected areas. Based on these findings, the diagnosis of *Dadru* was made.

Clinical Findings: The diagnosis was confirmed through potassium hydroxide (KOH) microscopy based on skin scrapings examined both before and after treatment. The condition was diagnosed as *Dadru* supported by the clinical findings.

Table 1: Medical history and examination, clinical events, findings and interventions

Date	Relevant Medical History and Examination	
2015	Hypertension and on Telmisartan 40mg daily	
2017	Diabetes Mellitus and on Metformin 500mg daily	
2021	Rashes with itching over back, buttocks regions, groins, back of thigh and lower legs	
Date and Day	Clinical Events and Findings	Interventions
06/01/2024 (Day 0)	<i>Raga</i> (erythema), <i>Kandu</i> (severe itching), <i>Pidaka</i> , circular patches eruptive lesion with moderate pain and tenderness	No intervention
07/01/2024 – 09/01/2024 (Day 1 – Day 3)	Lesions unchanged, reduced itching	<i>Ama Pachana</i> and <i>Agni Deepana</i> with <i>Chitrakadi Vati</i> 2 Tab BD
10/01/2024 – 17/01/2024 (Day 4 – Day 11)	Lesions stable, bowel movements regularized, patient reports lightness	<i>Snehapana</i> with <i>Mahatiktaka Ghrita</i> for 5 days and <i>Abhyanga</i> , <i>Swedana</i> for 3 days
18/01/2024 (Day 12)	Reduction in burning and itching, patient reported sense of relief and lightness	Classical <i>Virechana Karma</i> with <i>Triphala kashyam</i> of 100ml and <i>Trivrit churna</i> (8gm) early morning at 7 am.
19/01/2024 – 23/01/2024 (Day 13 – Day 17)	Appetite improves, bowel regular, moderate red colour, <i>Kandu</i> (severe itching), <i>Pidaka</i> , reduced circular patches eruptive lesion with decreased pain and tenderness	<i>Samsarjana Karma</i>
24/01/2024 – 30/01/2024 (Day 18 – Day 24)	Sleep pattern normal, itching markedly reduced especially during night, skin no longer warm on touch	<i>Lepa</i> with <i>Nimba</i> , <i>Daruharidra</i> , <i>Triphala</i> and <i>Musta</i> taken in equal quantity and applied for once a day.
31/01/2024 – 19/02/2024 (Day 25 – Day 44)	Mild itching, only 2 <i>Pidaka</i> seen, faint normal, size of lesions seen 1-5 cm with mild pain and tenderness	<i>Jalauka avacharana</i> for 6 sittings (5 days gap between each sitting)
18/03/2024 (Follow up after 1 month)	Lesions almost healed (>88.8%)	- <i>Sindooraadi lepam</i> for external application. - <i>Charmrognasak vati</i> with <i>Triphala</i>

		<i>kashaya</i> of 50ml after food twice a day (morning and evening) - <i>Patolkaturohinyadi kashyam</i> 10ml after food twice a day (morning and evening)
20/07/2024 (Follow up after 4 months)	Minimal itching occurring very occasionally, normal skin colour, no <i>Pidaka</i> and <i>Mandala</i>	No medications

Diagnostic Assessment

The evaluation was based on the clinical symptoms of *Dadru kushtha* as presented in Table 2.

Table 2: Assessment Criteria for *Dadru*

Signs and Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
<i>Kandu</i>	Absent	Mild itching (no disturbance while doing work)	Moderate itching (disturbs the work)	Severe itching (disturb sleep)
<i>Pidaka</i>	Absent	1-5 <i>Pidaka</i>	5-10 <i>Pidaka</i>	More than 15 <i>Pidaka</i>
<i>Raga</i>	Normal skin colour	Faint normal	Blanching + moderate red colour	Bright red colour
Size of <i>Mandala</i> (lesion)	Size 0	Size 1-5 cm	Size 6-10 cm	More than 10 cm
Pain and tenderness	Absent	Mild	Moderate	Severe
Eruption	No eruption	Eruption in 0%-25% of affected area	Eruption in 25%-50% of affected area	Eruption in 50%-75% of affected area

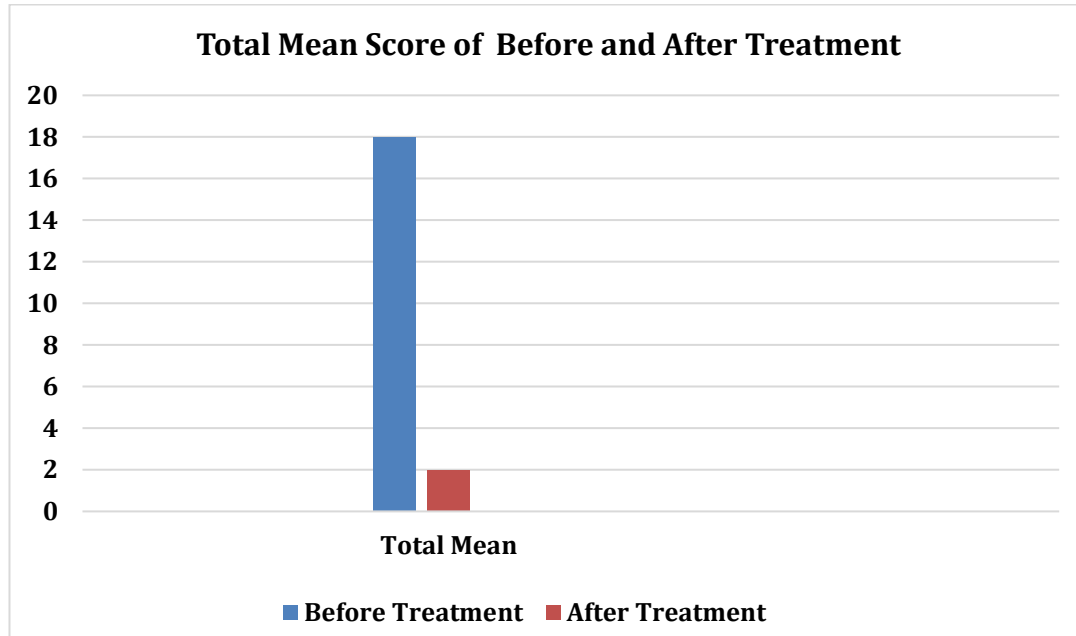
Table 3: Grading of KOH Microscopy

Grade	Spore Load (KOH Microscopy)	Description
0	No spores observed in 10 high-power fields	Negative
1	1-5 spores per 10 HPF	Occasional spores
2	6-20 spores per 10 HPF	Few spores
3	21-50 spores per 10 HPF	Moderate spore density
4	>50 spores per 10 HPF or spores in every field	Heavy spore load

Table 4: Treatment Findings

Signs, Symptoms and KOH Microscopy	Grade Before Treatment	Grade <i>Virechana</i> (Purgation Therapy)	Grade <i>Lepa</i> (topical Application)	Grade <i>Jalauka</i> (Leech therapy)	Grade After Follow up
<i>Kandu</i>	3	3	2	1	1
<i>Pidaka</i>	3	3	1	1	0
<i>Raga</i>	3	3	1	1	0
Size of <i>Mandala</i>	3	3	2	1	0
Pain and tenderness	2	2	1	1	1
Eruption	2	1	1	0	0
KOH Microscopy	2	-	-	-	0

Figure 1: Total mean score of before and after treatment



The total mean score before treatment was 18, and after treatment it was 2. The overall improvement is 88.8%. Photograph of before and after treatment are attached here in google docx or IP Address:

https://docs.google.com/document/d/e/2PACX-1vQpsVUCxe7Ix6REMhs48tkstRbjJ3WW4TQIo7CU2L1YsMU7ZWmBgwpmj5fd_lbWkKkNZWyo8WVUSydt-/pub

Therapeutic Interventions

1. Rationale of treatment

The therapeutic plan was based on:

- Chronic and recurrent dermatophytosis,
- Presence of itching, erythema, scaling, and spreading lesions.
- Associated metabolic conditions (DM and HTN).

Under Ayurvedic principles, the vitiation of *Pitta* and *Kapha*, along with involvement of *Rakta*, was considered:

- *Shodhana* (purification) to eliminate vitiated *Doshas*,
- Local *lepa* and leech therapy for *Rakta Dushti* and localized symptoms.

Conventional medications for hypertension and diabetes were continued throughout treatment.

2. Treatment Protocol

Shodhana - Virechana Karma

- Classical *Virechana* was performed on day 12.
- *Samyak-Virechana Lakshanas* were observed.
- A *Samsarjana Krama* diet was followed for three days.

Benefits expected and achieved:

- Reduction in inflammatory and itching.
- Improved metabolism and bowel cleansing.

Lepa application

- Applied on the affected areas from day 18 onwards.
- Aimed at drying the infection, reducing itching, and promoting healing.

Jalaukavacharana (Leech therapy)

- First session was conducted on day 25, and continued for 6 sessions.
- Done to help remove vitiated blood (*Rakta Dushti*).

3. *Pathya-Apathya*:

- Avoided spicy, fried, and carbohydrate-heavy foods.
- Encouraged light, easily digestible diet and adequate hydration.
- Lifestyle instructions:
 - Maintain hygiene, avoid sweating in affected area
 - Get adequate sleep
 - Wear loose cotton clothing.

4. Treatment adherence and tolerability

- The patient followed all treatment protocols and took internal medicines as required.
- No adverse events or complications were recorded.

Follow up and Outcome: Assessment of the patient for *Dadru* was done using the grading criteria from Table 2 and 3.

After completion of the treatment, all symptoms including itching, burning, skin color, number of *Mandala* and *Pidaka* at both lesions were completely gone. No recurrence was seen after 15 days of follow up. No adverse drug response was observed throughout the treatment and during the follow up period. The relief from itching improved the quality of sleep. A skin sample taken from the site showed the presence of one to two dermatophytes under direct microscopy (KOH) examination.

DISCUSSION

The treatment plan used here reflects a comprehensive Ayurvedic approach to managing chronic inflammatory skin conditions associated with *Pitta*, *Kapha* and *Rakta dushti*. The sequential use of *Shodhana (Virechana)*, *Lepa* application and *Jalaukavacharana* indicates a holistic treatment that addresses both systemic and localized pathologies, resulting in sustainable therapeutic benefits.

The administration of *Virechana* on day 12 formed a central part of the systemic purification. According to classical texts, *Virechana* is the primary therapy for eliminating vitiated *Pitta* and correcting metabolic imbalances. The appearance of *Samyak-Virechana Lakshanas*, such as lightness in the body, mental clarity, improved appetite and reduction in symptoms like itching and burning, indicated the successful elimination of the morbid *Doshas*. This step is important because many skin disorders result from impaired *Agni* (digestive fire) and the accumulation of metabolic toxins (*Ama*) in the bloodstream. Adhering to a structured *Samsarjana Krama* diet for three days helped gradually restore the functionality of the gastrointestinal system, ensuring balanced and strong metabolism. This significantly contributed to symptom relief and prepared the body for the following local therapies.

Table No 5: Ingredients of Lepa

Drug	Scientific Name	Rasa	Guna	Virya	Vipaka	Parts used	Chemical constituent
<i>Musta</i>	<i>Cyperus rotundus</i>	<i>Tikta, Katu, Kashaya</i>	<i>Laghu, Rooksha</i>	<i>Sheeta</i>	<i>Katu</i>	Tuber	Cyperol, Kodusone, Mustakone
<i>Daruharidra</i>	<i>Berberis aristata</i>	<i>Tikta, Kashaya</i>	<i>Laghu, Rooksha</i>	<i>Ushna</i>	<i>Katu</i>	Root, Stem	Berberine
<i>Nimba</i>	<i>Azadirachta indica</i>	<i>Tikta, Kashaya</i>	<i>Laghu, Rooksha</i>	<i>Sheeta</i>	<i>Katu</i>	Leaves, Fruit	Azadirachtin, Nimbin
<i>Amalaki</i>	<i>Emblicca officinalis</i>	<i>Madhura, Amla, Katu, Tikta, Kashaya</i>	<i>Guru, Sheeta</i>	<i>Sheeta</i>	<i>Madhura</i>	Fruit	Gallic acid, Mucic acid
<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Madhura, Amla, Katu, Tikta, Kashaya</i>	<i>Laghu, Rooksha</i>	<i>Ushna</i>	<i>Madhura</i>	Fruit	Chebulagic acid, tannic acid, gallic acid
<i>Bibhitaka</i>	<i>Terminalia bellerica</i>	<i>Kashaya</i>	<i>Laghu, Rooksha</i>	<i>Ushna</i>	<i>Madhura</i>	Fruit	Ellagic acid, Chebulagic acid

After systemic purification, *Lepa* therapy was introduced on day 18 to provide focused local management of the affected skin areas. *Acharya Sushruta* has been stated the potency of *Lepa* just like pouring water over a burning house the fire gets extinguished very soon. In the same manner, aggravated *Dosha* should be subsided by application of *Lepa*. *Lepa* contains; *Musta (Cyperus rotundus)*, with its *Tikta-Katu-Kashaya* tastes and *Rooksha, Laghu* qualities, reduces excess *Kapha* and *Pitta* that promote moisture and inflammation. Its compounds like cyperol and mustakone offer antimicrobial and anti-inflammatory action, helping dry lesions and reduce itching. *Daruharidra (Berberis aristata)* is one of the strongest antifungal herbs in Ayurveda; berberine directly inhibits fungal growth, reduces redness, and

promotes faster healing of circular patches typical of *Dadru*. *Nimba (Azadirachta indica)* supports blood purification and reduces itching through its cooling and bitter nature. Azadirachtin and nimbin provide powerful antifungal, antibacterial, and anti-inflammatory effects, making it essential for chronic skin infections. *Amalaki (Emblicca officinalis)* cools aggravated *Pitta*, strengthens skin immunity, and promotes tissue repair through antioxidants like gallic acid. *Haritaki (Terminalia chebula)* helps remove accumulated toxins and reduces *Kapha*-related moisture that worsens fungal lesions. Its tannins promote wound healing and reduce itching. *Bibhitaka (Terminalia bellerica)*, rich in astringent compounds, helps dry oozing lesions, shrink patches, and inhibit

fungal proliferation. Together, these drugs balance *Doshas*, purify tissues, and restore healthy skin.

Jalaukavacharana, performed from day 25 onwards for six sittings, played a critical role in targeted blood purification (*Raktamokshana*). Leech therapy is described in Ayurveda as an ideal method for removing vitiated blood in delicate or inflamed areas due to its minimally invasive and selective action. The saliva of medicinal leeches contains bioactive substances with anticoagulant, anti-inflammatory, analgesic, and vasodilatory properties. In this case, the application of *Jalauka* helped improve local circulation, reduce congestion, and alleviate the chronic inflammatory response associated with *Rakta Dushti*. Patients often experience immediate relief in itching, burning sensation, and swelling following each session, highlighting its significance in dermatological care.

The combination of these three therapies *Virechana* for systemic detoxification, *Lepa* for topical symptom control, and *Jalaukavacharana* for precise blood purification- demonstrated a synergistic and comprehensive effect. The multi-layered approach ensured not only symptomatic improvement but also correction of the underlying *Doshic* imbalance, which is essential for preventing recurrence.

In summary, the protocol demonstrates the scientific and holistic nature of Ayurvedic therapeutics. By integrating systemic, topical, and blood purification strategies, this treatment plan successfully addressed both root causes and manifestations of the disease, resulting in marked clinical improvement and enhanced patient well-being.

CONCLUSION

This case shows how a combined Ayurvedic approach can effectively manage chronic inflammatory skin conditions. *Virechana Karma* acted as the foundation by clearing excess *Pitta* and *Kapha*, strengthening digestion, and restoring internal balance, which helped reduce inflammation and itching. *Lepa* therapy provided targeted relief by drying lesions and soothing irritation.

Jalaukavacharana (leech therapy) added further benefit by removing vitiated blood, improving circulation, and speeding healing. Together, these treatments worked in a complementary way- addressing both the underlying causes and surface symptoms- demonstrating the holistic strengths of Ayurveda in improving skin health and overall quality of life.

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Cite this article as:

Pratyush Manas Mohapatra, Sandeep Kumar, Praveen Kumar Madikonda. Ayurvedic Management of Dermatophytosis Through the Combined Effect of Lepa and Shodhana: Insights from a Case Study on Dadru Kustha. AYUSHDHARA, 2025;12(6):136-141.

<https://doi.org/10.47070/ayushdhara.v12i6.2430>

Source of support: Nil, Conflict of interest: None Declared

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