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Case Study

EFFECT OF *DURVADI LEPA* WITH *AROGYAVARDHINI VATI* AND *GANDHAKA RASAYANA* IN THE MANAGEMENT OF *DADRU KUSTHA* (*TINEA CORPORIS*)

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ABSTRACT

In Ayurveda, all dermatological diseases are classified under the broad category of *Kushtha. Dadru Kushtha*, a subtype of *Kshudrakushtha*, is characterised by *Kandu* (pruritus), *raga* (erythema), and *Utsanna maṇḍala* (elevated circular lesions), and bears close clinical resemblance to *Tinea corporis* (dermatophytosis) in contemporary dermatology. **Objective:** To evaluate the therapeutic efficacy of Ayurvedic interventions- specifically *Durvadi Lepa* (topical application), *Arogyavardhini Vati*, and *Gandhaka Rasayana*- in managing *Dadru Kushtha*. **Methods:** A 53-year-old male patient presented with erythematous, elevated, annular lesions over the bilateral groin and right gluteal region with severe pruritus of 30 days' duration. The condition was clinically diagnosed as *Dadru Kushtha* (correlated with *Tinea corporis*). Treatment comprising oral administration of *Arogyavardhini Vati* and *Gandhaka Rasayana* (500mg each, twice daily) with topical *Durvadi Lepa* was administered for 21 days. Clinical outcomes were assessed using a validated four-point grading scale for *Kandu*, *Raga*, *Pidika*, and *Utsanna maṇḍala* at baseline and on days 7, 14, and 21. **Results:** Marked and progressive clinical improvement was observed across all four assessed parameters. Pruritus (*Kandu*), elevated lesions (*Utsanna maṇḍala*), and eruptions (*Pidika*) resolved completely by day 21, while erythema (*Raga*) resolved by day 14. No adverse drug reactions were recorded during the treatment period. **Conclusion:** The combined Ayurvedic regimen of *Durvadi Lepa*, *Arogyavardhini Vati*, and *Gandhaka Rasayana* demonstrated significant clinical improvement in *Dadru Kushtha*. These observations suggest that Ayurvedic interventions may represent a safe and effective therapeutic strategy for dermatophytosis.

INTRODUCTION

The skin, the largest organ of the human body, serves several essential physiological functions, including thermoregulation, vitamin D synthesis, sensory perception, immune defence, and maintenance of body integrity. Owing to its continuous exposure to environmental factors, the skin is highly susceptible to a wide range of pathological conditions. Dermatological manifestations may also serve as indicators of underlying systemic disorders, and recognition of characteristic cutaneous patterns plays a pivotal role in clinical diagnosis [1]. Beyond physical morbidity, skin diseases impose a substantial psychosocial burden, contributing to stress, anxiety, social withdrawal, and diminished quality of life.

In Ayurveda, all dermatological disorders are described under the comprehensive nosological category of *Kushtha*, which is subdivided into *Mahakushtha* (eighteen major types) and *Kshudra kushtha* (eleven minor types) [2,3]. *Dadru* is classified as *Kshudrakushtha* by Acharya Charaka[3], whereas Acharya Sushruta[4] and Vagbhaṭa[5] include it under *Mahakushtha*. The aetiology of *Kushtha* encompasses consumption of incompatible foods (*Viruddha ahara*), intake of heavy meals followed by physical exertion, suppression of natural urges (*Vegavarodha*), daytime

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sleep (*Divasvapna*), cold water consumption immediately after exertion, and excessive intake of fish, curd, and salty or sour articles[6]. The principal *Dushyas* involved include *Tvak*, *Rakta*, *Mamsa*, and *Lasika*, with the disease being fundamentally *Tridoshaja* in nature [7].

Regarding the predominant *Dosha* in *Dadru*: Acharya Sushruta describes it as *Kapha-pradhana* [8], while Vagbhaṭa characterises it as *Pitta-kapha-pradhana*[9]. Clinically, Acharya Charaka describes *Dadru* as presenting with *Kandu* (pruritus), *Raga* (erythema), *Pidika* (eruptions), and *Utsanna maṇḍala* (elevated circular lesions)[10]. Sushruta further characterises the lesions as resembling *Atasi pushpa* (flax flower) with coppery discolouration and a spreading nature[11], while Vagbhaṭa additionally emphasises their progressively spreading character. [12,13]

In contemporary medicine, *Dadru Kushtha* is closely correlated with dermatophytosis (*Tinea corporis*), a superficial fungal infection caused by keratinophilic dermatophytes affecting keratinised tissues such as skin, hair, and nails. Clinically, it presents with pruritus, erythema, vesicles, pustules, and annular lesions with centrifugal spread. The prevalence of dermatophytosis in India ranges from 36.6% to 78.4%, underscoring its significant public health burden[14]. Predisposing factors include excessive perspiration, use of synthetic clothing, poor hygiene, and hot and humid climatic conditions- particularly affecting young and middle-aged adults. Although topical and systemic antifungal agents constitute the standard of care, increasing resistance to conventional antifungal therapy and high recurrence rates necessitate exploration of alternative therapeutic approaches.

Considering the recurrent nature of *Dadru Kushtha* and emerging therapeutic challenges with conventional antifungal agents, Ayurvedic management may offer a safe and effective alternative. The present case report documents the clinical outcomes of a combined Ayurvedic therapeutic regimen comprising *Arogyavardhini Vati*, *Gandhaka Rasayana*, and *Durvadi Lepa* in a single case of *Dadru Kushtha* clinically correlated with *Tinea corporis*.

Patient Information

A 53-year-old male patient presented to the Outpatient Department (OPD) of the Kayachikitsa Department at APM's Ayurved Mahavidyalaya and Seth R.V. Ayurvedic Hospital, Sion, Mumbai, with complaints of large, irregular, erythematous, elevated patches associated with severe pruritus over the bilateral groin region and right gluteal region for the past 30 days.

The patient was apparently asymptomatic 30 days prior to presentation, after which reddish, circular lesions gradually developed over the groin and gluteal regions, accompanied by intense pruritus. The lesions progressively increased in size and severity over time. The patient had previously consulted a local allopathic practitioner but did not experience satisfactory relief, and therefore sought Ayurvedic management.

Past Medical History

No history of diabetes mellitus, hypertension, bronchial asthma, hypothyroidism, or any other major systemic illness was documented. No history of drug allergy or prior recurrent dermatological disorders was noted.

Family History

No similar illness was reported among family members. There was no family history of dermatological or immunological disorders.

Clinical Findings

On general examination, the patient's vital parameters were within normal limits. *Ashtavidha Pariksha* (eightfold clinical examination) findings were within normal physiological limits, and the patient had *Madhyama akruti* (moderate physical constitution). *Agni* was assessed as *Vishamagni*. *Prakriti* was identified as *Pitta-kapha*.

Local dermatological examination revealed large, irregularly shaped, erythematous, elevated, annular lesions over the bilateral groin region and right gluteal region with associated pruritus. The lesions were well-demarcated, with erythematous raised borders and relative central clearing, consistent with classical annular morphology. The skin surface was slightly scaly at the margin. No vesicles, bullae, or purulent discharge were noted at the time of presentation.

Investigations

Complete Blood Count (CBC) and Random Blood Sugar (RBS) were within normal limits. Mycological investigations (KOH mount, fungal culture) were not performed in this case. Future studies are encouraged to incorporate laboratory confirmation of dermatophytosis to strengthen diagnostic specificity.

Diagnostic Assessment

Based on classical clinical features- namely, *Kandu* (pruritus), *Raga* (erythema), *Pidika* (eruptions), and *Utsanna maṇḍala* (elevated circular lesions)- the condition was diagnosed as *Dadru Kushtha* as per Ayurvedic classical criteria[10]. In contemporary dermatological terms, the presentation was clinically consistent with *Tinea corporis* (dermatophytosis).

Written informed consent was obtained from the patient before initiation of treatment and for publication of clinical findings, including clinical photographs.

Therapeutic Intervention

The patient was treated with a combination of oral and topical Ayurvedic formulations for 21 days, as detailed in Table 1.

Table 1: Treatment Protocol

Drug	Form	Dose	*Anupana*	Duration
Arogyavardhini Vati	Tablet	500mg BD	Lukewarm water	21 days
Gandhaka Rasayana	Tablet	500mg BD	Lukewarm water	21 days
Durvadi Lepa	Topical paste	Twice daily (local application)	*Takra*	21 days

BD: Twice daily. Durvadi Lepa owas prepared fresh using a base of Takra o(buttermilk).

Assessment Criteria and Follow-Up

Clinical assessment was performed on days 0 (baseline), 7, 14, and 21 using a four-point grading scale for the following subjective parameters: *Kandu* (pruritus), *Utsanna maṇḍala* (elevated circular lesions), *Pidika* (eruptions), and *Raga* (erythema). Grading criteria are presented in Table 2. Assessment was supplemented by serial clinical photography at each follow-up visit.

Table 2: Grading Scale for Clinical Parameters

Parameter	Grade 0	Grade 1	Grade 2	Grade 3
Kandu (itching)	Absent	Mild / occasional itching	Moderate / frequent itching	Severe, constant itching
Utsanna Maṇḍala (Elevated patch)	Absent	Mildly elevated lesion	Moderately elevated lesion	Severely elevated lesion
Pidikā (eruption)	Absent	1–3 eruptions	4–7 eruptions	>7 eruptions
Rāga (erythema)	Absent	Mild (faint pinkish discolouration)	Moderate (prominent reddish discolouration)	Severe (deep erythema with oedema)

Assessment criteria adapted from standard Ayurvedic dermatological grading methods with modifications for *Rāga* (erythema) to include a complete four-point scale.

Outcomes

Serial assessment of clinical parameters across the four-point grading scale revealed progressive and marked improvement throughout the treatment course. Outcome data are summarised in Table 3.

Table 3: Serial Assessment of Clinical Parameters (Day 0 to Day 21)

Parameter	Day 0 (Baseline)	Day 7 (Follow-up 1)	Day 14 (Follow-up 2)	Day 21 (Post-treatment)
Kandu (itching)	3	2	1	0
Utsanna Maṇḍala (Elevated patch)	3	2	1	0
Pidikā (eruption)	2	1	0	0
Rāga (erythema)	1	1	0	0

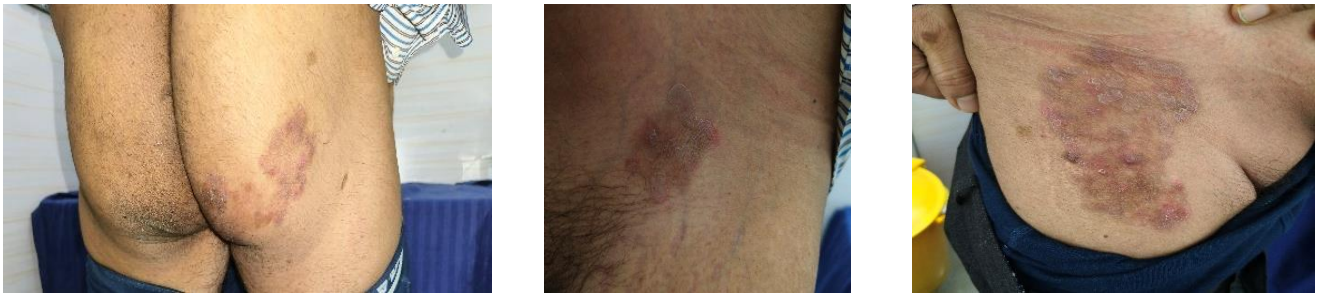
Higher grade = greater severity. Grade 0 = complete resolution.

Kandu (pruritus) improved progressively from Grade 3 (severe, constant itching) at baseline to Grade 2 at day 7 and Grade 1 at day 14, with complete resolution (Grade 0) at day 21. *Utsanna maṇḍala* (elevated circular lesions) showed a parallel pattern, reducing from Grade 3 at baseline to complete resolution at day 21. *Pidika* (eruptions) decreased from Grade 2 (4–7 eruptions) at baseline to Grade 1

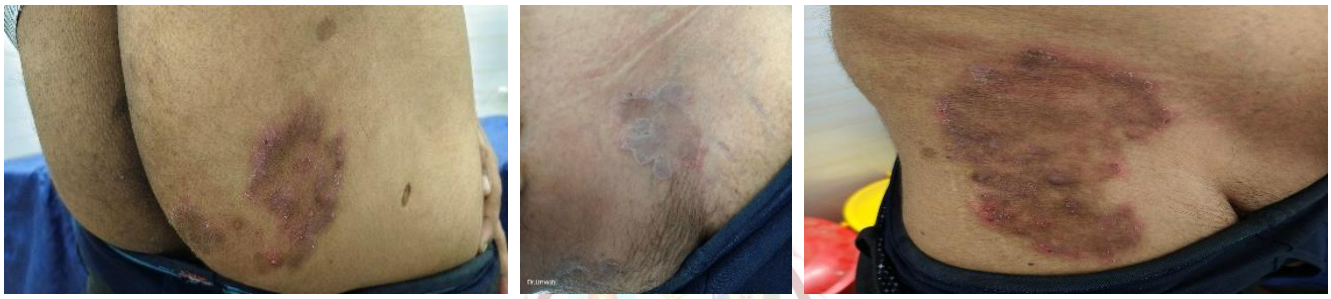
(1–3 eruptions) at day 7, with complete resolution by Day 14 and sustained at day 21. *Raga* (erythema), graded as Grade 1 (mild) at baseline and day 7, resolved completely by day 14. No adverse drug reactions or treatment-related complications were reported during the observation period.

Serial clinical photographs obtained on days 0, 7, 14, and 21 corroborated the subjective grading outcomes, demonstrating progressive reduction in lesion size, erythema, and surface elevation. [Figures 1–4]

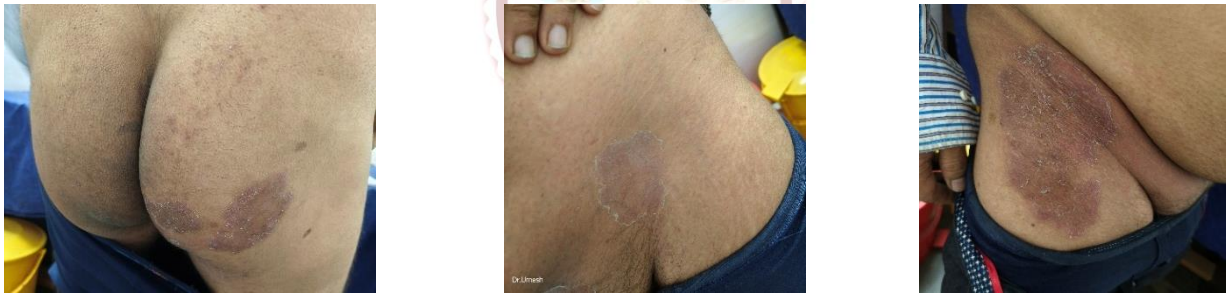
Before Treatment: Figure-1- On day 0



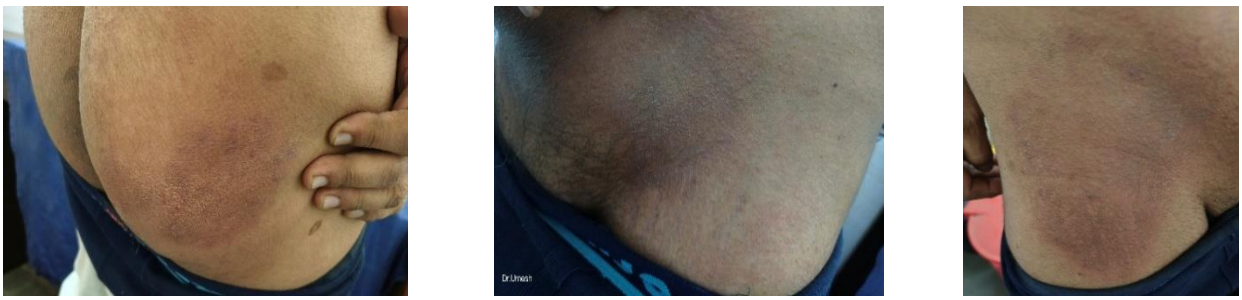
First follow up : Figure-2- On day 7



Second follow up: Figure-3- On day 14



Third follow up: Figure-4- On day 21



DISCUSSION

In Ayurveda, *Kushtha* is fundamentally a *Tridoshaja* disorder involving simultaneous vitiation of *Doshas* and *Dushyas*. However, the relative predominance of *Doshas* varies among its subtypes. *Dadru Kushtha* is described as *Pitta-kapha pradhana* by Acharya Charaka and Vagbhaṭa, and as *Kapha pradhana* by Acharya Sushruta. The principal *Dushyas* implicated in its pathogenesis include *Rasa* and *Rakta*, which manifest clinically as *Kandu*, *Raga*, *Pidika*, and *Utsanna maṇḍala*. Classical Ayurvedic texts advocate *Shodhana* (purificatory) and *Shamana* (palliative) therapies possessing *Kushthagna*, *Krimighna*, and

Kandughna properties for the effective management of *Kushtha*. Additionally, *Bahyaparimarjana chikitsa* (external therapeutics), particularly *Lepa* (topical applications), are advocated to enhance local therapeutic action and facilitate resolution of cutaneous lesions.

Probable Mechanism of Action of *Arogyavardhini Vati*

Arogyavardhini Vati is a classical herbomineral formulation indicated in *Kushtha roga*. Its principal ingredient is *Kutaki* (*Picrorhiza kurroa* Royle ex Benth.), supported by *Haritaki* (*Terminalia chebula* Retz.), *Bibhitaka* (*Terminalia bellerica*), *Amalaki* (*Emblica officinalis*), *Shilajatu Shuddha* (purified asphaltum), *Guggulu Shuddha* (*Commiphora wightii*), and minerals including *Shuddha Parada*, *Shuddha Gandhaka*, *Lauha Bhasma*, *Abhraka Bhasma*, and *Tamra Bhasma*, processed with *Nimba* (*Azadirachta indica*) leaf juice as *Bhavana* [15].

Its documented pharmacological properties- *Dipana* (appetiser), *Pachana* (digestive), *Rakta-prasadana* (blood-purifying), *Kushthagna*, and *Kandughna*- facilitate correction of impaired metabolism (*Agnimandya*) and elimination of accumulated metabolic toxins (*Ama*), thereby interrupting disease progression at the *Samprapti* level. From a biomedical perspective, herbal constituents such as *P. kurroa*, *A. indica*, and *C. wightii* have demonstrated hepatoprotective, anti-inflammatory, antioxidant, and antimicrobial activities, potentially contributing to improved systemic immune regulation and enhanced skin healing.

Probable Mechanism of Action of *Gandhaka Rasayana*

Gandhaka Rasayana is a polyherbal preparation in which *Shuddha Gandhaka* (purified sulphur) is processed with twelve successive *Bhavanas* of herbal drugs. It is classically indicated in *Kushtha roga* [16] and exerts its action primarily on *Rakta dhatu* through *Rakta shodhana* (blood purification). Purified sulphur has been reported to exhibit keratolytic, antimicrobial, and antifungal properties, potentially reducing fungal colonisation and modulating the local inflammatory response. Additionally, its *Rasayana* (rejuvenative) and immunomodulatory actions may improve tissue resistance and reduce the likelihood of recurrence in dermatophytosis.

Probable Mechanism of Action of *Durvadi Lepa*

Durvadi Lepa is described in *Bhaishajya Ratnavali*, *Kushtha Roga Adhikara* (54/14), for the management of *Kushtha* [17]. Its constituent herbs and their pharmacological attributes are as follows:

***Durva* (*Cynodon dactylon*):** Possesses *Kashaya* and *Madhura rasa*, *Madhura vipaka*, and *Sheeta virya*; acts as *Pittaghna*, *Vranaropana*, *Dahaprashamana*, and *Varnya* [18].

***Chakramarda* (*Cassia tora*):** Possesses *Katu rasa* and *Vipaka*, *Ushna virya*; acts as *Kaphavatashamaka*, *Kushthagna*, and *Vishaghna* [19].

***Tulasi* (*Ocimum sanctum*):** Possesses *Katu*, *Tikta rasa*, *Katu vipaka*, and *Ushna virya*; acts as *Kaphagna*, *Shothagna*, and *Durgandhanashana* [20].

***Haritaki* (*Terminalia chebula*):** Possesses *Pancha rasa* (all five tastes, with *Kashaya pradhana*), *Ushna virya*, *Madhura vipaka*; acts as *Tridoshahara*, *Shothahara*, *Vranasodhana*, and *Vranaropana* [21].

***Saindhava Lavana* (Rock salt):** Possesses *Snigdha*, *Tikshna*, *Sukshma* qualities and *Sheeta virya*, *Madhura vipaka*; acts as *Pittaghna* and *Kaphagna* [22].

The formulation vehicle *Takra* (buttermilk) has *Kaphavatanashaka* properties[23] and likely enhances drug penetration while contributing to *Kapha-pitta shamana*.

Thus, the combined administration of internal and external Ayurvedic therapies in this case appears to have acted synergistically through correction of *Doshic* imbalance, *Rakta Shodhana*, enhancement of host immune response, and inhibition of fungal proliferation, explaining the marked clinical improvement observed. However, as this is a single-case observation, further controlled clinical studies with larger sample sizes and mycological confirmation are required to validate these therapeutic outcomes.

CONCLUSION

Dadru Kushtha, classified as *Kshudrakushtha* by Acharya Charaka and as *Mahakushtha* by Acharya Sushruta and Vagbhaṭa, closely correlates with *Tinea corporis* (dermatophytosis) in contemporary dermatology. In the present case, the combined administration of *Arogyavardhini Vati*, *Gandhaka Rasayana*, and topical *Durvadi Lepa* for 21 days resulted in complete resolution of *Kandu*, *Utsanna Maṇḍala*, and *Pidika*, and resolution of *Raga* by day 14, without any adverse effects. These findings suggest that this Ayurvedic regimen may offer a safe and effective therapeutic option for dermatophytosis. Larger, well-designed randomised controlled trials incorporating objective mycological and immunological outcome measures are recommended to conclusively validate these findings.

Declarations

Ethics Approval and Informed Consent

This case report was conducted in accordance with the ethical principles of the Declaration of Helsinki. Written informed consent was obtained from the patient prior to initiation of treatment, clinical photography, and publication of the case details. The

study was conducted at APM's Ayurved Mahavidyalaya and Seth R.V. Ayurvedic Hospital, Sion, Mumbai.

Author Contributions

Ghuge Umesh: Conceptualisation, data collection, clinical management, writing- original draft. Paradkar Hemant: Supervision, methodology, writing- review and editing. Pathrikar Anaya: Clinical oversight, validation, writing- review and editing. All authors approved the final manuscript.

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