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AYURVEDIC MANAGEMENT OF DADRU (TINEA CORPORIS): A CASE SERIES .

Dr. Savita Popandiya[1], Dr. S. M. Lahankar[2], Dr.Savita Samleti[3]

1. *PG Scholar, Dept. of Agadtantra, R. A. Podar Medical College (Ayu), Worli, Mumbai -18*
2. *Prof. & HOD, Department of Agadtantra, R. A. Podar Medical College (Ayurved), Worli, Mumbai – 400018*
3. *Assistant Professor, Department of Agadtantra, R. A. Podar Medical College (Ayu), Worli, Mumbai - 400018*

ABSTRACT

Background: Dadru is described among the Kshudra Kushtha in the Ayurvedic classics and is characterised by circular, raised, reddish patches with kandu (itching) and raga (erythema).[1,2] Clinically it closely resembles tinea corporis, a superficial dermatophyte infection that has become increasingly chronic, recurrent and treatment-resistant in India.[3,4]

Aim: To document the outcome of an integrative approach using Ayurvedic oral and topical formulations along with a short course of conventional antifungal therapy in patients of Dadru.

Methods: Five patients (three men and two women; age 26–59 years) with typical annular lesions of 1 week to 3 years' duration attended the Visha Chikitsa OPD between February and April 2026. All received Mahamanjisthadi kwath, Gandhak rasayan, Kaishor guggul, Gandharva haritaki, Gandhak malham for local application, and a 14-day course of an oral antifungal; Arogyavardhini vati was added in selected patients.

Results: Significant improvement was seen.

Conclusion: Within the limits of a small uncontrolled series, the Ayurvedic regimen was well accepted and may be useful as an adjunct to antifungal therapy in Dadru; controlled studies are needed.

Keywords: Dadru, Kshudra Kushtha, Tinea corporis, Mahamanjisthadi kwath, Gandhak rasayan, Arogyavardhini vati.

Corresponding Author

Name: Savita Popandiya

Institution: PG Scholar Dept. of Agadtantra, R. A. Podar Medical College, (Ayu), Worli, Mumbai - 18

savitadhakad12345@gmail.com

Phone: 7024515590

INTRODUCTION

Kushtha is a group of chronic skin disorders divided into Maha-kushtha and Kshudra-kushtha, and Dadru is enumerated among the latter in the Charaka Samhita and the Sushruta Samhita.[1,2] The Ashtanga Hridaya describes it as a mandala (circular patch) with kandu, raga and raised margins, arising from the vitiation of Kapha and Pitta together with Rakta, Twak, Lasika and Mamsa.[5] Contributory factors include viruddha and vidahi ahara, excessive intake of amla and guru food, suppression of natural urges, poor hygiene and damp, unclean clothing.

Tinea corporis is a dermatophyte infection of the glabrous skin that presents as annular, erythematous, scaly plaques with central clearing and intense itching. Superficial mycoses affect a large proportion of the world's population,[3] and in India recent years have seen extensive, recurrent and recalcitrant disease, which has prompted national consensus guidance on its management.[4] Prolonged or repeated use of azoles, steroid-containing creams and the high cost of treatment make adjunctive, safe options attractive. Ayurvedic management of Dadru rests on Shodhana, Raktaprasadana, Krimighna and Kushthaghna measures, along with pathya–apathya.[2,6] This series describes five patients of Dadru treated with a common set of Ayurvedic formulations.

AIM AND OBJECTIVES

To describe the clinical presentation and response of patients of Dadru (tinea corporis) to an integrative regimen of Ayurvedic oral and topical formulations.

MATERIALS AND METHODS

Study design:

Retrospective, single-centre, descriptive case series. Setting: Visha Chikitsa (Agadtantra) OPD-15, M. A. Podar Ayurved Hospital, Worli, Mumbai. Period: February–April 2026. Diagnosis: Clinical, based on annular erythematous patches with raised margins, itching and burning sensation. Data: Presenting complaints, history, treatment and advice were taken from the OPD records. Patient identity has been withheld.

Drugs used

The Ayurvedic formulations are described in classical texts and standard formularies.[6,7] Doses were as follows:

Formulation	Route	Dose	Intended action
Mahamanjisthadi kwath	Oral	15–20 ml twice daily	Raktaprasadana, Kushthaghna
Gandhak rasayan	Oral	2 tablets twice daily	Krimighna, Kandughna, Kushthagh
Arogyavardhini vati	Oral	2 tablets twice daily	Deepana, Pachana, Kushthaghna
Kaishor guggul	Oral	2 tablets twice daily	Raktashodhaka, Kushthaghna
Gandharva haritaki	Oral	3 g at bedtime	Anuloman a, Koshta shuddhi

Formulation	Route	Dose	Intended action
Gandhak malham / Ringo skin ointment	Local application	Twice daily	Krimighna, Kandughna
Triphala + Neem churna	Local wash (dhavana)	Daily	Shodhana, Kandughna
Oral antifungal (itraconazole 200 mg once daily or griseofulvin 250 mg)	Oral	14 days	Conventional antifungal

Table 1: Formulations used in the series. Individual patient prescriptions are given in Table 2.

CASE PRESENTATIONS

Case 1

A 26-year-old man presented with reddish annular patches over the abdomen, back, buttocks and thighs for one week, with itching (+) and blackish discolouration over both knee joints. There was no known chronic illness. He gave a history of a road-traffic accident, and of an operation after the accident in May 2025. He was advised to avoid sour food and non-vegetarian diet.

Case 2

A 59-year-old man, registered as a follow-up patient on 08/04/2026, presented with reddish annular patches over the groin region, lower limbs, underarms and abdomen for three months, with marked itching (++), burning sensation and knee joint pain. There was no history of systemic illness, surgery or addiction. A clinical diagnosis of fungal infection was recorded.

Case 3

A 59-year-old postmenopausal woman (menopause in 2014) presented with brownish annular patches over the buttocks for three years, with marked itching (++) and burning sensation. She was a known case of Janu-sandhigata vata under treatment in the Panchakarma OPD. There was no history of surgery or allergy.

Case 4

A 34-year-old man presented with reddish annular patches over the abdomen, underarms, thighs and wrists for six months, with itching or tingling (+) and burning sensation. There was no history of systemic illness or surgery. He reported occasional alcohol use, about twice a year.

Case 5

A 36-year-old woman presented with reddish annular patches over the chest region for two months, with marked itching (++), burning sensation (+) and gaseous distension (+). There was no history of systemic illness, surgery or allergy.

Patient age, sex, site and duration are summarised in Table 2.

Case	Age/Sex	Site of lesions	Duration	Symptoms	Prescription
1	26/M	Abdomen, back, buttocks, thighs	1 week	Itching +	Mahamanjisthadi kwath 15 ml BD; Arogyavardhini 2 BD; Gandhak rasayan 2 BD; Kaishor guggul 2 BD; Gandharva haritaki 3 g HS; Gandhak malham
2	59/M	Groin, lower limbs, underarms, abdomen	3 months	Itching ++, burning, knee pain	Mahamanjisthadi kwath 15 ml BD; Neem + Triphala churna wash; Candid powder LA; Gandharva haritaki 3 g HS; Kaishor guggul 2 BD; Gandhak rasayan 2 BD;
3	59/F	Buttocks	3 years	Itching ++, burning	Mahamanjisthadi kwath 20 ml BD; Triphala + Neem wash; Neem vati 2 BD; Kaishor guggul 2 BD; Arogyavardhini vati 2 BD

4	34/M	Abdomen, underarms, thighs, wrists	6 months	Itching/tingling +, burning	Neem churna wash; Gandhak malham LA; Mahamanjisthadi kwath 15 ml BD; Gandharva haritaki 3 g HS
5	36/F	Chest	2 months	Itching ++, burning +, gaseous distension	Mahamanjisthadi kwath 20 ml BD; Gandhak rasayan 2 BD; Gandharva haritaki 3 g HS; Arogyavardhini vati 2 BD

Table 2: Demographic, clinical and treatment details. BD = twice daily, OD = once daily, HS = at bedtime, LA = local application.

Pathya–apathya: All patients were advised to keep the affected skin clean and dry, to avoid tight and damp clothing, to avoid sour, fermented, heavy and non-vegetarian foods, and to maintain regular sleep and bowel habits.

OBSERVATIONS AND RESULTS

Case	Itching (BT → AT)	Burning (BT → AT)	Erythema/lesion size (BT →	Follow-up duration	Adverse events
1	Severe-mild	Mild-nil	3cm-1cm	3 months	nil
2	Moderate-mild	Nil-nil	4*5cm-2*1cm	3months	nil
3	mild-nil	Mild-mild	2cm-nil	3months	nil
4	Nil-nil	Moderate-nil	Nil-nil	3months	nil
5	Moderate-nil	Nil-nil	2cm-1cm	3months	nil

Table 3: Clinical outcome (BT = before treatment, AT = after treatment).

DISCUSSION

In Ayurveda, Dadru is a Kapha–Pitta predominant disorder with Rakta involvement, so the line of management combines internal Raktaprasadana and Kushthaghna drugs with local Krimighna measures.2,6 The regimen in this series was designed on that basis.

Mahamanjisthadi kwath is a compound decoction used in Kushtha, in which Manjistha, Haridra, Neem-type bitter drugs and Triphala-group ingredients are described as Raktashodhaka and Kushthaghna.[7] Manjistha and Haridra have reported anti-inflammatory and antimicrobial activity that is relevant to itching and erythema.

Gandhak rasayan is a sulphur-based preparation described as Krimighna, Kandughna and Rasayana; sulphur has long been used topically and internally for skin disease, and its keratolytic and antifungal properties are well known.[7]

Arogyavardhini vati contains Shuddha Parada, Gandhaka, Tamra bhasma, Triphala, Shilajatu, Guggulu, Chitraka and Katuki, and is used as Deepana, Pachana and Kushthaghna, and it also acts on Pitta and the liver through Katuki; this may explain its use in patients with associated indigestion, as in Case 5.[7]

Kaishor guggul is a Guggulu-based formulation with Guduchi and Triphala that is described for Rakta-dushti and skin disorders.[7]

Gandharva haritaki is a mild Anulomana, which promotes Koshta shuddhi; in Kushtha, clearing the bowel is considered a part of Shodhana and relieves Vata-related symptoms like distension.[2] Gandhak malham and the Neem–Triphala wash provide local Krimighna and Kandughna effect and cleansing of the lesions.

All patients also received a 14-day course of an oral antifungal (itraconazole in four, griseofulvin in one), as recommended in current guidance for dermatophytosis.[4] The outcome therefore cannot be attributed to the Ayurvedic drugs alone. The Ayurvedic part of the regimen may nonetheless help symptom control, may support skin recovery and may reduce the chance of relapse, though this needs to be tested in a controlled design. The chronicity of Case 3 (three years) and Case 4 (six months) is notable, since chronic and recurrent disease is a recognised problem.[4]

Limitations

This is a small, uncontrolled, retrospective series..

CONCLUSION

In five patients of Dadru (tinea corporis), an integrative regimen of Mahamanjisthadi kwath, Gandhak rasayan, Kaishor guggul, Gandharva haritaki and Gandhak malham, with Arogyavardhini vati in selected cases Randomised controlled trials with a standard Ayurvedic-alone arm are recommended.

PATIENT CONSENT

Written informed consent for publication of clinical details was obtained from all patients,

CONFLICT OF INTEREST / FINANCIAL SUPPORT

None declared.

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