

## AN AYURVEDIC APPROACH TO DADRU (RINGWORM): A CASE STUDY

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**DOI:** <https://doi.org/10.5281/zenodo.18083760>**How to cite this Article:** Dr. Thejashwini M.\*<sup>1</sup>, Dr. K. Ravindra Bhat<sup>2</sup>, Dr. Waheeda Banu<sup>3</sup>. (2026). AN AYURVEDIC APPROACH TO DADRU (RINGWORM): A CASE STUDY. World Journal of Pharmaceutical and Medical Research, 12(1), 313–318.

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Article Received on 16/11/2025

Article Revised on 05/12/2025

Article Published on 01/01/2026

**ABSTRACT**

*Dadru Kushta*, a *Kapha Pitta* predominant skin condition described in Ayurvedic classics, clinically resembles dermatophytosis (tinea/ringworm). It presents with cardinal features such as *Kandu*, *Raga*, *Utsanna Mandala* and *Pidaka*. The rising global burden of tinea, its recurrent nature and increasing resistance to conventional antifungal therapy necessitate exploring safe and holistic alternatives. This case study documents the successful Ayurvedic management of a 38-year-old female patient diagnosed with *Dadru Kushta*. The treatment consisted of internal administration of *Nimbadi Guggulu* and *Punarnava Mandura*, along with external application of *Tankana Bhasma* and *Marichyadi Taila*. The protocol was planned based on *Kapha-Pitta Shamana*, *Rakta-prasadana*, *Krimighna* and *Kledahara* principles. Significant reduction in *Kandu*, *Raga*, *Daha*, raised margins and *Pidikas* was observed within 15 days, with complete remission achieved over two months of continued therapy and diet. No adverse effects or relapse were noted during the follow up period.

**KEYWORDS:** *Dadru*, Ringworm, *Nimbadi guggulu*, *Punarnava mandura*, *Tankana Bhasma*, *marichyadi taila*.**INTRODUCTION**

Skin or the integument is the largest organ of the body and constitutes of 16% of the body weight. It is not merely a covering for internal organs but is an active, functional organ that performs diverse functions, such as, protection from noxious environmental factors, as a sensory organ, participates in immunological defense mechanisms, endocrine functions and thermoregulation through sweating.<sup>[1]</sup>

According to Ayurveda, all skin diseases are broadly categorized under the term *Kushta*, which encompasses a wide range of pathological conditions arising due to the vitiation of *Tridoshas* – *Vata*, *Pitta* and *Kapha* along with *Dushya* involvement such as *Twak*, *Rakta*, *Mamsa* and *Lasika*. There are total 18 types of *Kushta*, which are divided into 7 types of *Mahakushta* and 11 types of *Kshudra Kushta*. Acharya Charaka has considered *Dadru*

*Kushta* under *Kshudra Kushta* and Acharya Sushruta and Vaghbhata have considered it under *Mahakushta*.

*Nidana* includes *Sheetoshna Vyatyasa* (exposure to sudden change in temperature), alternate consumption of *Santarpana* and *Apatarpana Ahara*, continuous and excessive intake of *Madhu*, *Phanita*, *Matsya*, *Lakhucha*, *Kakamachi*, *Adhyashana*, *Atimatara Ahara* *Sevana*, *Vidruddha Ahara*, *Chilichima Matsya*, *Ksheera*, *Dadhi*, *Takra*, *Kola*, *Kulattha*, *Masha*, *Ati Vyayaa*, *Ati Vyavaya*, *Atapa Sevana*, *Manasika* like *Bhaya*, *Anya Nidana* like *Chardi Vega Dharana* etc, and mentioned *Papa Karma* as a *nidana*.<sup>[2]</sup>

**Samprapti of Kushta**

*Nidana sevana* → Simultaneous *Prakopa* of all *Tridoshas* → *Shithilata* of *Dushyas* (*Twak*, *Rakta*, *Mamsa*, *Lasika*) → *Sthana Samshraya* (*Doshas*

lodges in *Shithila Dhatus*) → *Doshas* then vitiate *Dhatus*, producing symptoms of *Kushta*.<sup>[3]</sup>

#### **Lakshanas of Dadru Kushta<sup>[4], [5]</sup>**

सकण्डूरागपिडकं दद्रुमण्डलमुदगतम्॥२३॥ (Cha. Chi 7/23)

It is *Kapha Pittaja*, *Kandu* (itching), *Raga* (redness), Elevated circular patch with *Pidika*.

Acharya Sushruta has given simile for the appearance of *Dadru* as *Atasi Pushpa Varna* or *Tamra varna* and *Pidaka* it spreads.

(अतसीपृष्ठवर्णानि तामाणि वा विसर्पाणि पिडकावन्ति च दद्रु कुष्ठानि;) (Su. Ni 5/8)

Also mentioned 2 types of *Dadru kushta* there are *Sita* and *Asita*. *Asita* is *Mahopakrama Sadhya* and *Sita* is *Sukhasadhy*.<sup>[6]</sup>

According to NAMC *Dadru* can be correlated to ringworm infection. Ringworm, also known as tinea, is a common fungal infection of the skin caused by dermatophyte fungi that have adapted to live on keratin, the hard fibrous protein found in skin and hair. It accounts for roughly half of the estimated 650 million fungal skin infections globally. There is a growing worldwide problem of ringworm or tinea extensively affecting the body, tinea corporis. First reported in India, it has spread widely in communities in South-East Asia and is now increasingly reported in Middle East, Europe, Africa and the America. Symptoms of ringworm include itching, redness and a characteristic ring-shaped rash with raised borders. It may spread to other parts of the body and also be very widespread covering large areas of the body. It is typically treated with antifungal medications. Topical antifungal medications are applied directly to the skin and are effective for most cases of ringworm. Common topical medications include clotrimazole, miconazole, econazole, ciclopirox and terbinafine. Oral antifungal medications may be prescribed for severe or widespread infections or when topical treatments are ineffective. Oral medication includes griseofulvin, terbinafine and itraconazole.<sup>[7]</sup>

#### **CASE STUDY**

A 38 years old female patient working as homemaker, came to OPD with symptoms of

- Few circular and some irregular red patches over back of neck and ear, back region, groin region, inguinal region, behind both knee joint since 6 – 7 months.
- Itching
- Burning Sensation

#### **History of Present Illness**

Patient was apparently normal before 6 months. Then gradually developed circular, reddish lesions over back of the neck region, associated with itching and burning sensation sometimes. The lesions slowly increased in size and number, with slightly raised margins. No history

of pain, oozing or systemic symptoms. The patient reports mixed diet, frequent intake of curd, non veg, fish, fermented food and day sleep. Temporary relief was observed with prior symptomatic treatment but relapsed. So, patient came for treatment.

#### **History of past illness**

Patient had no history of Hypertension, Diabetes mellitus, bronchial asthma or any systemic disease.

#### **Personal History**

**Appetite:** slightly reduced

**Diet:** Mixed; frequent intake of chicken, fish, curd, fermented food, sweet.

**Bowel:** Occasionally constipated

**Sleep:** Normal

**Habits:** Tea thrice/day

#### **Vitals**

GC: Fair

Pulse: 80 b/min

BP: 130/70 mmHg

SpO2: 98%

RR: 20/min

Pallor: Absent

Icterus: Absent

#### **Ashtasthana Pareeksha**

**Nadi:** Pitta vata

**Mutra:** Proper

**Mala:** Occasionally constipated

**Jihwa:** Coated

**Shabda:** Prakruta

**Sparsha:** Slightly rough

**Drik:** Normal

**Akriti:** Lean

#### **Skin Examination**

##### **1. Inspection**

- Colour: Slight coppery, reddish lesions
- Shape: annular and irregular lesions
- Lesion: scaly patch
- Location: over back of neck and ear, back region, groin region, inguinal region, behind both knee joint
- Margins: well – defined, raised and erythematous
- Discharge: Absent

##### **2. Palpation**

- Moisture: slightly dry in the middle and moist at border
- Temperature: warmth of the skin
- Texture: Slight rough

##### **3. Interrogation**

- Itching: Present ++
- Burning sensation: sometimes, especially when exposed to sun light

**Methods****Treatment plan given**

Shamana chikitsa for 7 days comprising of *Nimbadi guggulu*, *Punarnava mandura* was given orally and *dadrughna lepa* with *nimbu swarasa* was given for external application and *pathya* was advised. After 7 days patient was called for follow up. Patient complained

of burning sensation after external application. So, it was withdrawn and gave *Tankana Bhasma* with *Marichyadi taila* for external application with same oral medication and asked to come after 15 days. Patient was slightly relieved from symptoms. Same medicines were continued for next 3 weeks.

**Table No. 01: Treatment given.**

Sl. No	Medicine	Ingredient	Dose	Anupana	Route
1.	<i>Nimbadi Guggulu</i> (Bharata bhaishajya ratnakara vol 3 pg 179)	<i>Nimba</i> (Azadiacta indica) <i>Haritaki</i> (Terminalia chebula) <i>Vibhitaki</i> (Terminalia bellarica) <i>Amalaki</i> (Emblica officinalis) <i>Vasa</i> (Adathoda vasica) <i>Patola</i> (Tricosanthes dioca) <i>Guggulu</i> (Commiphora mukul)	1000mg twice daily after food	Lukewarm water	Oral
2.	<i>Punarnava Mandura</i>	48 gm of each <i>Punarnava</i> (Boerhavia diffusa) <i>Trivrit</i> (Operculina turpethum) <i>Shunti</i> (Zingiber officinalis) <i>Maricha</i> (Piper nigrum) <i>Pippali</i> (Piper longum) <i>Vidanga</i> (Emblica ribes) <i>Devadaru</i> (Cedrus deodara) <i>Chitrika</i> (Plumbago zeylanica) <i>Kushta</i> (Saussurea lappa) <i>Haridra</i> (Curcuma longa) <i>Haritaki</i> (Terminalia chebula) <i>Vibhitaki</i> (Terminalia bellarica) <i>Amalaki</i> (Emblica officinalis) <i>Danti</i> (Baliospermum montanum) <i>Chavya</i> (Piper chaba) <i>Kutaja phala</i> (Holarrhena antidysenterica) <i>Katuki</i> (Picrorhiza kurroa) <i>Pippalimula</i> (Piper longum) <i>Musta</i> (Cyperus rotundus) <i>Mandura Bhasma</i> (Iron oxide) – 2 parts <i>Gomutra</i> – 2 adaka	1000mg twice daily after food	Lukewarm water	Oral
3.	<i>Dadrughna Lepa</i>	<i>Gandhaka</i> <i>Tankana</i> <i>Karpura</i> (Cinnamomum camphora) <i>Sarja</i> (Viteria indica) <i>Ajwain Khurashani</i> (Hyoscyamus albus)	Once daily for 7 days	Nimbu swarasa	External Application
4.	<i>Tankana Bhasma</i>	Borax	After 7 <sup>th</sup> day, once daily. For 1 month and 7 days		External Application
5.	<i>Marichyadi Taila</i> (B.R 54 / 292 - 293)	Each 23 gm of <i>Maricha</i> (Piper nigrum) <i>Haratala</i> (Orpiment) <i>Manashila</i> (Realgar) <i>Trivrit</i> (Operculina turpethum) <i>Rakta Chandana</i> (Pterocarpus santalinus) <i>Musta</i> (Cyperus rotundus) <i>Jatamansi</i> (Nardostachys jatamansi) <i>Karaveera</i> (Nerium indicum) <i>Gomaya rasa</i>	Twice daily For 1 month and 7 days		External Application

		<i>Haridra</i> ( <i>Curcuma longa</i> ) <i>Daruharidra</i> ( <i>Berberis aristata</i> ) <i>Vishala</i> ( <i>Citrullus colocynthis</i> ) <i>Kushta</i> ( <i>Saussurea lappa</i> ) <i>Devadaru</i> ( <i>Cedrus deodara</i> ) <i>Arka Ksheera</i> ( <i>Calotropis procera</i> ) 46 gm of <i>Vatsanabha</i> <i>Gomutra</i> 3 L <i>Jala</i> 3 L <i>Katu taila</i> -750ml			
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#### Assessment Criteria

Patient evaluation was based on the improvement in subjective parameters such as *Kandu*, *Raga*, *Daha*,

*Utsanna Mandala* and *Pidaka* of before during and after treatment.

**Table No. 02: Gradation.**

Sl. No	Parameter	Grade 0	Grade 1	Grade 2	Grade 3
1.	<i>Utsanna mandala</i>	Absent	Mild elevated lesion	Moderate elevated lesion	Severe elevated lesion
2.	<i>Pidika</i>	Absent	1-3 eruptions	4-7 eruptions	>7 eruptions
3.	<i>Kandu</i>	Absent	Mild or occasional itching	Moderate or frequent itching	Severe itching
4.	<i>Raga</i>	Absent	Reddish	Dark red	Reddish black
5.	<i>Daha</i>	Absent	Mild or occasional burning sensation	Moderate or frequent burning sensation	Severe burning sensation

**Table No: 03 Evaluation performed before, during and after treatment.**

Parameter	Before Treatment	During Treatment	After Treatment
<i>Utsanna mandala</i>	2	1	0
<i>Pidika</i>	3	2	0
<i>Kandu</i>	2	1	0
<i>Raga</i>	1	0	0
<i>Daha</i>	1	0	0

During the initial 7 days of treatment, the patient experienced a burning sensation following the application of *Dadrughna lepa* applied with *Nimbu Swarasa*. In response to this, the formulation was modified to *Tankana Bhasma* mixed with *Marichyadi Taila*. After 15 days of revised treatment, the patient reported significant relief from *Daha* and *Raga Varna*, along with mild improvement in other symptoms.

The treatment was then continued for the next one month, resulting in further relief from all symptoms. Subsequently, *Tankana Bhasma* was withdrawn while the remaining medications were continued for another month. At the final follow up, the patient had complete relief from all symptoms.

Throughout the treatment period, strict *Pathya* was advised.

#### *Pathya*

**Ahara:** *Mudga*, *Shali*, *Godhuma*, *Tikta Shaka* Like *Kaidarya*, *Patola*, *Laghu Ahara*, *Yava*, *Adaki*, etc

**Vihara:** Maintain Hygiene,

#### *Apathyā*

**Ahara:** *Mamsa Ahara*, *Dadhi*, fermented food like *Idli*, *Dosa*, *Vada*, Bakery Items, Junk Food, *Tila*, *Madhura Rasatmaka Ahara*, *Masha*, *Adhyashana* etc.

**Vihara:** *Diwaswapna*, *Ratri Jagarana*.

#### DISCUSSION

*Dadru Kushta*, one among the *Kshudra Kushta*, is characterized by *Raga* (erythema), *Kandu* (itching), *Pidaka* (eruptions), and *Utsanna Mandala* (raised circular lesions). According to Ayurvedic principles, the predominant involvement of *Pitta* and *Kapha Dosha* along with *Rakta Dushti* forms the basis of its pathogenesis. Therefore, the line of treatment emphasizes *Kapha-Pitta Shamaka* and *Rakta Prasadaka* measures.

In the present case, *Nimbadi Guggulu*, *Punarnava Mandura*, *Tankana Bhasma*, and *Marichadi Taila* were administered with satisfactory outcomes.

#### Mode of action of *Nimbadi guggulu*<sup>[8]</sup>

*Nimbadi Guggulu* plays a key role as a *Kushtaghna*, *Raktashodhaka*, and *Krimighna* formulation. Its ingredients, such as *Nimba*, *Triphala*, *Patola*, *Vasa* and

*Guggulu*, possess potent *Tikta*, *Kashaya* *Katu Rasa*, *Laghu-Ruksha Guna*, and *Ushna Virya*, which help pacify *Kapha* and *Pitta Dosha*, purify the blood, and alleviate itching and inflammation.

#### Mode of action of *Punarnava Mandura*<sup>[9]</sup>

*Punarnavadi Maṇḍura* is a classical Ayurvedic formulation indicated in conditions involving *Rakta Dushti*, *Pitta-Kapha* vitiation, inflammation, and skin disorders. In *Dadru Kuṣṭha*, where the *Samprapti* predominantly involves *Kapha-Pitta* imbalance with *Rakta* involvement. Ingredients like *Triphala*, *Haridra*, *Daruharidra*, *Vidanga*, *Punarnava*, *Trikatu*, *Chitraka*, *Trivrit* and *Katuki*, these drugs have *Tikta*, *Kashaya* *Katu Rasa*, *Laghu Ruksha Guna* and *Ushna Veerya*, and actions like *Agni Deepana*, *Pachana*, *Lekhana* helps in *Kapha Pitta Shamana*, *Srotoshodhana* and helps in *Raktashodhana*. In turn reduces *Kleda* and symptoms of *Dadru*.

#### Mode of action of *Tankana Bhasma*<sup>[10]</sup>

*Tankana* is described under *Kshara varga*. *Kshara* has the property of *Ksharana*. It possesses *Katu Rasa*, along with *Teekshna*, *Ruksha guna*, *Ushna Veerya*, and *Katu Vipaka*. These qualities make it *Kaphaghna* and *Vatashamaka*. Its main action includes *Kaphavishleshana*, *Vata Vikara Nashana* and *Agnideepana*. Because of its sharp, penetrating and heating nature, it easily enters the minute skin pores, gets absorbed into the local capillary network and then reaches the circulation.<sup>[9]</sup> Once absorbed, *Katu Rasa* plays a major role in the therapeutic effect it helps remove *Kleda* from the lesion and surrounding tissues, counter *Krimi* activity, scrape excess or vitiated muscle tissue, breakdown clotted blood and reduce swelling or raised wound margins through these actions, *Tankana* help specify aggravated *doshas* and there by interrupts and reverses the pathogenesis of the disease.

#### Mode of action of *Marichyadi taila*<sup>[11]</sup>

*Marichyadi taila* was selected because it is classically indicated for *Dadru kushta*. The ingredients like *Maricha*, *Manashila*, *Haratala*, *Arka* etc, are characterized by *Ushna*, *Teekshna* *Gunas* and possess *Ushna Veerya*, allowing them to penetrate the skin effectively. At the same time, the *Snigdha Guna* of the *Taila* helps alleviate *Rukshata*, *Kandu* and other symptoms of *Dadru*.

When *Tankana* is combined with *Marichyadi Taila*, it further enhances the penetrative capacity of the formulation. Due to its *Ksharana*, *Teekshna* and *Ushna Guna*, *Tankana* facilitates deeper absorption of the *Taila*'s active components, thereby improving its overall therapeutic action on the affected area.<sup>[10]</sup>

The synergistic action of internal and external medications contributed to the *Dosha Shamana* and *Rakta Shodhana*, leading to progressive improvement and eventual remission of symptoms. The observed

clinical response supports the *Ayurvedic* understanding that *Dadru Kushta* can be effectively managed through interventions aimed at *Kapha-Pitta Shamaka*, *Raktaprasadaka*, and *Krimighna* therapies.

Additionally, adherence to a strict *Pathya-Apathya* regimen played a crucial role in preventing the recurrence and ensuring sustained results. The emphasis on *Laghu*, *Tikta Ahara* and avoidance of *Dadhi*, *Mamsa*, and fermented foods helped maintain *Agni Bala* and prevented further *Kapha-Pitta* aggravation.

Overall, the treatment protocol demonstrated that classical *Ayurvedic* formulations, when selected according to *Dosha-Dushya* involvement and administered along with appropriate diet and lifestyle modifications, can yield significant results in the management of *Dadru Kushta* without adverse effects.

#### CONCLUSION

The present case study demonstrates that *Dadru Kuṣṭha* can be effectively managed through a well-planned Ayurvedic treatment regimen grounded in classical principles. The internal use of *Nimbadi Guggulu* and *Punarnava Maṇḍura* provided *Kapha-Pitta Shamana*, *Raktaprasadana*, *Deepana-Pacana*, and *Krimighna* effects. External application of *Tankana Bhasma* with *Marichyadi Taila* offered enhanced lesion penetration, reduced *kleda*, and alleviated itching, redness, inflammation, and raised margins. The synergistic action of internal and external medications facilitated progressive improvement and ultimately led to complete remission of symptoms.

Strict adherence to *Pathya-Apathya*, emphasizing *Laghu* and *Tikta ahara* while avoiding *Dadhi*, *Mamsa*, and fermented foods, contributed significantly to restoring *Agni*, preventing *dosha* aggravation, and avoiding recurrence.

This case reinforces that Ayurvedic interventions when selected according to *Dosha-Dusya* involvement, disease chronicity, and patient-specific factors can provide safe, effective, and sustainable results in *Dadru Kuṣṭha*. The inclusion of *Shodhana* therapy can enhance the effectiveness of treatment by providing faster relief.

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