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AYURVEDIC MANAGEMENT OF DADRU KUSHTHA WITH DADRUHARA MALAHARA PREPARED WITH SOMRAJI TAILA: A SINGLE CASE REPORT

Dr. Jiwane Roshani Mohan[1]*, Prof. Sanjay Kumar Pandey[2], Dr. Richa Pathak[3], Dr. Vijay Kumar Rai[4]

[1]*MD Scholar, Department of Rasashastra Evum Bhaishajya Kalpana, Government Ayurvedic College, Varanasi, Uttar Pradesh, India.

[2]Professor and Head, Department of Rasashastra Evum Bhaishajya Kalpana, Government Ayurvedic College, Varanasi, Uttar Pradesh, India.

[3]M.D.(Ay.) Ph.D., Assistant Professor, Department of Rasashastra Evum Bhaishajya Kalpana, Government Ayurvedic College, Varanasi, Uttar Pradesh, India.

[4]M.D.(Ay.) Ph.D., Reader and Head, Department of Swasthavritta, Government Ayurvedic College, Varanasi, Uttar Pradesh, India.

***Corresponding Author: Dr. Jiwane Roshani Mohan**

MD Scholar, Department of Rasashastra Evum Bhaishajya Kalpana, Government Ayurvedic College, Varanasi, Uttar Pradesh, India. **DOI:** https://doi.org/10.5281/zenodo.21931914

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ABSTRACT

Background: Dadru Kushtha is a skin disorder described in Ayurveda and is characterized predominantly by *Kandu* (itching), *Raga* (erythema/discolouration), *Pidaka* (eruptions) and *Mandala* (circumscribed lesions). Owing to similarities in clinical presentation, *Dadru Kushtha* may be clinically correlated with dermatophytosis. Aggravation under hot and humid conditions and the tendency for recurrence make its management clinically relevant. **Case presentation:** An 18-year-old male patient presented with skin lesions over the lower abdominal region for a duration of 6 weeks, associated predominantly with intense itching that was aggravated following sweating. On local examination, multiple well-defined annular to polycyclic hyperpigmented scaly plaques with prominent peripheral scaling were observed. Based on the characteristic Ayurvedic clinical features, the patient was diagnosed with *Dadru Kushtha*. The clinical morphology was suggestive of dermatophytosis; however, potassium hydroxide (KOH) microscopy and fungal culture were not performed. **Intervention:** The patient was treated with Dadruhara Malahara by local application as a thin layer over the clean and dry affected area three times daily for 28 days. Appropriate *Pathya–Apathya* measures were also advised. **Outcome:** At baseline, *Kandu, Raga, Pidaka* and *Mandala* size were graded 3, while the number of *Mandala* was graded 2. Following 28 days of treatment, *Kandu, Raga, Pidaka, Mandala* size and number of *Mandala* were recorded as grade 0. **Conclusion:** In this single case of *Dadru Kushtha*, topical application of Dadruhara Malahara for 28 days was associated with improvement in the assessed clinical parameters. As this observation represents a single case without mycological confirmation and with a limited post-treatment follow-up of one week, the findings cannot be generalized. Further controlled clinical studies incorporating objective diagnostic investigations and longer follow-up are warranted to evaluate its therapeutic efficacy.

KEYWORDS: *Dadru Kushtha*, Dadruhara Malahara, Ayurveda, dermatophytosis, *Kandu, Mandala,* case report.

INTRODUCTION

Skin disorders are described extensively in Ayurveda under the broad heading of *Kushtha*. *Dadru* is characterized by distinct clinical features such as *Kandu, Raga, Pidaka and Mandala*. Acharya Charaka has included *Dadru* among *Kshudra Kushtha*, whereas Sushruta and Vagbhata have described it under *Mahakushtha*. *Kapha* and *Pitta* are considered predominant *Doshas* in *Dadru*, although involvement of other *Doshas* and *Dushyas* may occur during the disease process.[1-3]

Classical descriptions of *Dadru* emphasize its characteristic circumscribed lesions associated with itching and colour changes. Owing to similarities in morphology and symptomatology, *Dadru Kushtha* is

frequently clinically correlated in contemporary Ayurvedic literature with dermatophytosis. Dermatophytes are keratinophilic fungi capable of infecting keratinized tissues such as skin, hair and nails. Cutaneous dermatophytosis commonly produces pruritic, annular and scaly lesions.[4]

Heat, humidity, sweating and moisture may favour the persistence of superficial fungal skin disorders. Clinically, patients frequently report aggravation of itching following excessive sweating. However, several dermatological conditions can mimic dermatophytosis, and laboratory investigations such as KOH examination can improve diagnostic certainty.

Malahara Kalpana provides a convenient semisolid dosage form for local application and allows prolonged contact of medicinal substances with the affected skin. Dadruhara Malahara was therefore used as a local therapeutic intervention in the present clinically diagnosed case of *Dadru Kushtha*.

The present case report describes the clinical outcome following 28 days of topical application of Dadruhara Malahara in a young male patient presenting with characteristic features of *Dadru Kushtha*.

CASE PRESENTATION

An 18-year-old unmarried male student belonging to a middle socioeconomic background presented with skin lesions involving the lower abdominal region. The complaints had been present for approximately 6 weeks.

The predominant complaint was **intense itching (*Kandu*)**, which was particularly aggravated following sweating. The patient also presented with clinically appreciable skin lesions characterized by colour alteration, eruptions and circumscribed lesions.

On dermatological examination, multiple well-defined annular to polycyclic hyperpigmented scaly plaques with prominent peripheral scaling were observed over the lower abdominal region.

Based on the characteristic morphology and Ayurvedic signs and symptoms, the patient was clinically diagnosed as a case of ***Dadru Kushtha***.

The clinical morphology was suggestive of dermatophytosis; however, KOH examination and fungal culture were not performed. Therefore, the case was not considered a mycologically confirmed dermatophyte infection.

PERSONAL AND AYURVEDIC EXAMINATION

Table 1: Personal and Ayurvedic examination of the patient.

Parameter	Finding
Age	18 years
Sex	Male
Marital status	Unmarried
Occupation	Student
Socioeconomic status	Middle
Dietary habit	Vegetarian
Appetite	Good
Bowel habit	Regular
Sleep	Sound
Agni	*Samagni*
Koshtha	*Madhyama*
Prakriti	*Vata-Pittaja*
Sara	*Madhyama*
Samhanana	*Madhyama*
Satmya	*Madhyama*
Ahara Shakti	*Madhyama*
Vyayama Shakti	*Madhyama*
Nadi	*Vata-Pittaja*

The Ayurvedic examination showed ***Vata-Pittaja Prakriti***, *Samagni* and *Madhyama Koshtha*. *Sara*, *Samhanana*, *Satmya*, *Ahara Shakti* and *Vyayama Shakti* were assessed as *Madhyama*.

LOCAL EXAMINATION

On local cutaneous examination, **multiple well-defined annular to polycyclic hyperpigmented scaly plaques with prominent peripheral scaling** were observed over the lower abdominal region.

The lesions were associated with intense pruritus, particularly following sweating. Based on the clinical record, *Kandu*, *Raga*, *Pidaka*, and *Mandala* size were severe at baseline according to the adopted grading system.

Site: Lower abdominal region
Number: Multiple
Configuration: Annular to polycyclic
Colour: Hyperpigmented
Surface: Scaly
Margin: Well defined with prominent peripheral scaling
Associated symptom: Intense *Kandu*, aggravated following sweating.

DIAGNOSTIC ASSESSMENT

The patient was diagnosed with ***Dadru Kushtha*** based on the characteristic clinical features and morphology of the lesions. The features supporting the diagnosis included *Kandu* (intense itching), *Raga/Varna* alteration, *Pidaka*, *Mandala* formation, annular to polycyclic configuration, peripheral scaling, and aggravation of itching following sweating.

The clinical morphology was suggestive of dermatophytosis; however, KOH microscopy and fungal culture were not performed. Therefore, the correlation with dermatophytosis was based on clinical presentation and was not mycologically confirmed.

Ayurvedic diagnosis: *Dadru Kushtha*.
Modern clinical correlation: Clinically suggestive of dermatophytosis.
Mycological confirmation: Not performed.

ASSESSMENT CRITERIA
Clinical response was assessed on the basis of the principal features of *Dadru Kushtha*, namely ***Kandu, Raga, Pidaka, Mandala*** **size and number of** ***Mandala***. Each parameter was assessed according to the predefined clinical grading system used in the study.

Table 2: Baseline clinical assessment of the patient.

Parameter	Clinical significance
Kandu	Severe
Raga	Reddish black
Pidaka	Altered colour and papular lesion
Mandala size	8 X 7 cm (Grade 3)
No. of *Mandala*	Approximately 3 major lesions. (Grade 2)

Table 3: Grading criteria for clinical assessment

S.No	PARAMETERS	GRADE 0	GRADE 1	GRADE 2	GRADE 3
1	*KANDU* (Itching)	Absent	Mild	Frequent and Moderate	Severe and Disturbing Routine Work
2	*RAGA* (Erythema)	Normal skin colour	Slightly red near to normal	Reddish	Reddish black
3	*PIDIKA* (Eruption)	Absent	Macular lesion.	Altered colour and papular lesion.	Coarse eruption
4	*MANDALA* SIZE (Lesions)	Size 0	1-3cm	3-7 cm	More than 7 cm
5	NO. OF *MANDALS*	0	1	2-3	More than 3

TREATMENT INTERVENTION
The patient was treated with **Dadruhara Malahara** as an external/local application.
Composition and Pharmaceutical Basis of Dadruhara Malahara
The Dadruhara Malahara used in the present case was a **pharmaceutically modified formulation developed from Dadruhara Lepa** described in *Rasatantrasara va Siddhaprayoga Sangraha*.(6) For its modification into *Malahara Kalpana*, **Somraji Taila** described in *Bhaishajya Ratnavali*(5) was selected as the medicated oleaginous base. *Siktha* (beeswax) was incorporated with Somraji Taila to obtain the desired semisolid consistency suitable for local application.

The composition of Dadruhara Malahara is presented in Table 4.

Table 4: Composition of Dadruhara Malahara.

Component	Ingredients	Classical source
Dadruhara Lepa	*Amlasara Gandhaka, Tankana, Safeda Kattha, Rala, Guggulu*	*Rasatantrasara va Siddhaprayoga Sangraha* (6)
Somraji Taila	*Bakuchi, Haridra, Daruharidra, Sarshapa, Kushtha, Karanja, Chakramarda, Aragvadha*	*Bhaishajya Ratnavali* (5)
Malahara base	*Somraji Taila with Siktha*	Pharmaceutical modification

Thus, Dadruhara Malahara represents a modified semisolid dosage form incorporating the constituents of Dadruhara Lepa into a **Somraji Taila-based medicated oleaginous vehicle**.

Table 5: Therapeutic intervention.

Particular	Details
Medicine	Dadruhara Malahara
Quantity dispensed	Two 15-mL containers (total 30 mL) were provided at each weekly visit.
Route	External/local application
Frequency	Three times daily
Duration	28 days
Method of application	Thin layer over affected area
Additional advice	*Pathya-Apathya*

Instructions given to the patient
The patient was advised to:

1. Wash the affected area properly before application.
2. Dry the affected area thoroughly.
3. Apply Dadruhara Malahara uniformly as a thin layer over the clean and dry affected area three times daily.
4. Continue the treatment regularly for **28 days**.
5. Follow the advised *Pathya-Apathya* throughout the treatment period.
6. Maintain appropriate local hygiene and avoid prolonged moisture over the affected area.

PATHYA-APATHYA

The patient was advised to follow *Pathya–Apathya* measures as prescribed in the study protocol, with emphasis on maintaining local hygiene and keeping the affected area clean and dry.

Pathya

- Maintain cleanliness of the affected area.
- Keep the affected area dry.
- Wear clean and dry clothes.
- Follow the advised dietary and lifestyle measures.

Apathya

- Avoid unctuous and excessively salty foods.
- Avoid excessively spicy and hot foods.
- Avoid excessive sweating over the affected area.
- Avoid prolonged dampness of the affected area.
- Avoid bathing in lakes, rivers, or other potentially unhygienic water sources.

CLINICAL OUTCOME

Clinical assessment was performed before treatment (BT) and after completion of 28 days of treatment (AT).

Table 6: Changes in clinical parameters following treatment.

Parameter	BT score	AT score
Kandu	3	0
Raga	3	0
Pidaka	3	0
Mandala size	3	0
No. of *Mandala*	2	0

After 28 days of topical application of Dadruhara Malahara, *Kandu* decreased from grade 3 to grade 0, *Raga* from grade 3 to grade 0 and *Pidaka* from grade 3 to grade 0.

Mandala size decreased from grade 3 to grade 0, while the number of *Mandala* decreased from grade 2 to grade 0.

Thus, according to the adopted clinical assessment criteria, all assessed parameters were recorded as grade 0 at the end of the 28-day treatment period. Residual pigmentation was visible at the previously affected site. No adverse local or systemic reaction was reported during the treatment period.

No inferential statistical analysis was performed for this individual case because the report describes the clinical course of a single patient.

CLINICAL PHOTOGRAPHS

Figure 1: Before treatment.

Figure 1. Clinical appearance of *Dadru Kushtha* over the lower abdominal region before initiation of treatment, showing multiple annular to polycyclic hyperpigmented scaly plaques.

Figure 2: After treatment.

Figure 2. Clinical appearance of the affected region after 28 days of treatment with Dadruhara Malahara, showing marked clinical improvement with residual pigmentation.

TIMELINE

Table 7: Timeline of the case.

Time	Clinical event
Approximately 6 weeks before presentation	Development/persistence of skin lesions associated with intense itching
Day 0	Clinical examination and diagnosis of *Dadru Kushtha*
Day 0	Baseline scoring: *Kandu* 3, *Raga* 3, *Pidaka* 3, *Mandala* size 3, No. of *Mandala* 2
Day 1	Dadruhara Malahara local application initiated
Days 1–28	Dadruhara Malahara applied locally as a thin layer over the clean and dry affected area three times daily, along with prescribed *Pathya–Apathya* measures.
Day 28	Final clinical assessment
Day 28	*Kandu* 0, *Raga* 0, *Pidaka* 0, *Mandala* size 0, No. of *Mandala* 0
Post-treatment follow-up	One-week post-treatment follow-up; the patient reported maintenance of symptomatic improvement. Formal symptom grading was not performed at this visit.

DISCUSSION

Dadru Kushtha is an important dermatological condition described in Ayurveda. The classical presentation includes *Kandu*, *Raga*, *Pidaka* and *Mandala*, with predominance of *Kapha* and *Pitta Dosha*. In the present case, intense *Kandu*, circumscribed lesions, colour alteration and annular to polycyclic morphology were clinically consistent with *Dadru Kushtha*.

The patient reported aggravation of itching following sweating. Excessive sweating and retention of moisture over the skin may favour persistence of superficial skin disorders and aggravate pruritus. From an Ayurvedic perspective, *Kandu* and *Mandala* constitute important clinical manifestations of *Dadru*.

The morphology of *Dadru* may be clinically correlated with dermatophytosis because dermatophyte infections commonly present with pruritic, annular and scaly lesions. However, clinical appearance alone cannot provide definitive mycological confirmation. In the present case, KOH examination and fungal culture were not performed. Therefore, the condition was considered **clinically diagnosed *Dadru Kushtha* with clinical features suggestive of dermatophytosis**, rather than laboratory-confirmed dermatophytosis.

Rationale behind pharmaceutical modification

The **Dadruhara Malahara** used in the present case was a pharmaceutically modified dosage form developed from Dadruhara Lepa described in *Rasatantrasara va Siddhaprayoga Sangraha*. For its conversion into Malahara Kalpana, Somraji Taila described in *Bhaishajya Ratnavali* was selected as the medicated oleaginous base. The pharmaceutical modification was intended to provide a convenient semisolid preparation suitable for local application and prolonged contact of the formulation with the affected skin.

Ayurvedic rationale of Dadruhara Lepa

The constituents of Dadruhara Lepa[6] possess several traditionally described properties relevant to *Dadru Kushtha. Amlasara Gandhaka* is described with *Krimighna, Kushthaghna, Kandughna* and *Dadrughna Karma; Safeda Katt*ha possesses *Kushthaghna, Kandughna* and *Krimighna* properties; *Rala* possesses *Kandughna* and *Vranaghna* properties; and *Guggulu* is described as *Kushthaghna. Tankana* possesses *Katu Rasa, Ruksha-Tikshna Guna* and *Ushna Veerya*. Collectively, these properties, along with the classical recommendation of Dadruhara Lepa for local application, provide an Ayurvedic rationale for its topical use in *Dadru Kushtha*.

Rationale for Somraji Taila

Somraji Taila[5] comprises eight ingredients—*Bakuchi, Haridra, Daruharidra, Sarshapa, Kushtha, Karanja, Chakramarda* and *Aragvadha*. Several of its constituents possess traditionally described *Kushthaghna, Krimighna, Kaphavataghna* and other properties relevant to skin disorders. Moreover, *Bhaishajya Ratnavali* specifically describes Somraji Taila in the context of *Kushtha* and mentions *Kandu, Kacchu, Dadru* and *Pama* among its indications. Thus, Somraji Taila has a direct classical rationale for its use in *Dadru* and was selected as the medicated oleaginous base for the modified Dadruhara Malahara.

Interpretation of clinical outcome

The patient was instructed to wash and thoroughly dry the affected area before every application and to apply a thin layer of Dadruhara Malahara three times daily. Maintaining a clean and dry affected surface was particularly relevant because the patient reported aggravation of itching following sweating.

A clear clinical change was observed following 28 days of treatment. *Kandu, Raga* and *Pidaka*, which were graded 3 at baseline, were recorded as grade 0 after treatment. *Mandala* size decreased from grade 3 to grade 0 and the number of *Mandala* decreased from grade 2 to grade 0. **Although all assessed clinical parameters were recorded as grade 0 at the end of treatment according to the adopted grading criteria, the residual pigmentation visible after treatment was considered a post-lesional colour change and was not interpreted as persistence of the active lesion.**

The reduction in *Kandu* from grade 3 to grade 0 is particularly noteworthy because intense itching aggravated following sweating was the patient's predominant complaint. Simultaneous improvement in *Raga, Pidaka* and *Mandala*-related parameters indicates an overall improvement in the assessed clinical manifestations of *Dadru Kushtha* during the treatment period.

At the one-week post-treatment follow-up, the patient reported maintenance of clinical improvement without recurrence of the presenting symptoms during this short follow-up period. Formal symptom grading was not performed at this visit.

Nevertheless, the present observation is limited to a single patient. The effects of hygiene measures, *Pathya-Apathya* and other uncontrolled factors cannot be separated from the effect of Dadruhara Malahara in an individual case. Furthermore, the absence of KOH examination or fungal culture limited the assessment of mycological clearance. The post-treatment follow-up was limited to one week; therefore, long-term recurrence could not be assessed. Hence, the findings should be interpreted as an observed clinical response in a single case of *Dadru Kushtha* rather than as definitive evidence of antifungal efficacy. Further clinical studies incorporating mycological investigations, standardised objective assessment, larger sample sizes and longer post-treatment follow-up are warranted.

CONCLUSION

The present case report describes the Ayurvedic management of an 18-year-old male clinically diagnosed with *Dadru Kushtha* using Dadruhara Malahara as a local application three times daily for 28 days along with *Pathya-Apathya*.

Dadruhara Malahara was a pharmaceutically modified formulation developed from the classical Dadruhara Lepa using Somraji Taila as a medicated oleaginous base. Following treatment, *Kandu, Raga* and *Pidaka* decreased from grade 3 to grade 0. *Mandala* size decreased from grade 3 to grade 0 and the number of *Mandala* from grade 2 to grade 0.

The observed clinical response suggests the potential utility of Dadruhara Malahara in the management of the clinical manifestations of *Dadru Kushtha*. However, being a single case without mycological confirmation and with a limited post-treatment follow-up of one week, the findings cannot be generalized. Further well-designed clinical studies with objective diagnostic investigations, larger sample sizes and longer follow-up are warranted.

CONSENT AND ETHICAL CONSIDERATIONS

Written informed consent was obtained from the patient for the use of clinical information and clinical photographs for academic and publication purposes. Patient confidentiality was maintained, and personally

identifying information was not disclosed in the manuscript or clinical photographs.

The patient was recruited from the *Swasthavritta* OPD (OPD No. 20), Government Ayurvedic College & Hospital, according to the predefined eligibility criteria of the clinical study.

The patient presented in this case report was enrolled as a participant in Group A of the larger clinical study conducted as part of the postgraduate thesis. The present report describes the individual clinical course and treatment outcome of this participant. The patient was enrolled after obtaining informed consent under the study protocol approved by the Institutional Ethics Committee.

Institutional Ethics Committee approval: IEC-RAC-113-MD (Ayu) (Date- 03/06/2024)
CTRI registration number: Reg No. **CTRI/2024/12/077577** (Registered on: 02/12/2024)

LIMITATIONS

The principal limitations of the present case report were:

1. Observation of only a single patient.
2. Absence of KOH microscopy and fungal culture for mycological confirmation.
3. Lack of a comparator/control in the individual case report.
4. The post-treatment follow-up period was limited to one week; therefore, long-term recurrence could not be assessed.
5. The clinical outcome was primarily assessed using symptom grading rather than objective mycological clearance.

DECLARATION OF PATIENT CONSENT

The authors certify that appropriate patient consent was obtained. The patient consented to the reporting of relevant clinical information and clinical photographs for academic publication. The patient was informed that efforts would be made to conceal his identity, although complete anonymity cannot be guaranteed.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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None.

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REFERENCES

1. Agnivesha. Charaka Samhita. Kale VS, Marathi translator. Vol. 2. Reprint ed. Delhi: Chaukhamba Sanskrit Pratishthan; 2016. Chikitsa Sthana 7/23. p. 181.
2. Susruta. Susruta Samhita. Shastri AD, editor. Ayurveda-Tattva-Sandipika Hindi commentary. Part 1. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2020. Nidana Sthana 5/8. p. 321.
3. Vagbhata. Astanga Hridayam. Tripathi B, editor. Nirmala Hindi commentary. Delhi: Chaukhamba Sanskrit Pratishthan; 2019. Nidana Sthana 14/24. p. 530.
4. Caplan AS, Gold JAW, Smith DS, Ely JW. Diagnosis and management of tinea infections. *Am Fam Physician*, 2025; 112(4): 382–392.
5. Govinda Das. Bhaishajya Ratnavali. Shastri AD, commentator; Shastri RD, editor. Vidyotini Hindi commentary. Kushtha Rogadhikara, 54/312–314. Varanasi: Chaukhambha Sanskrit Sansthan, 2004; p. 637.
6. Rasatantrasara va Siddhaprayoga Sangraha. Vol. 1. 26th ed. Ajmer, Rajasthan: Krishna Gopal Ayurveda Bhavana; 2016. Lepa-Malaham-Prakarana, 18th Lepa. p. 431.