



ORIGINAL RESEARCH PAPER

Ayurveda

AYURVEDIC APPROACH IN MANAGEMENT OF DADRU KUSHTHA

KEY WORDS: Dadru Kushta, Ayurvedic Management, Raktamokshana.

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ABSTRACT

Skin is the largest organ of human body also it protects the body from invading pathogens. In Ayurveda all the skin diseases are considered under the Vyadhi Kushtha. All kushtha have Tridosha involvement but according to the types of kushtha their is predominance of particular doshas. Dadru kushtha is a type of kshudra kushtha according to Acharya Charaka, while Acharya Vagbhata and Acharya Sushruta mentioned it under Mahakushtha. Pitta-Kapha dosha are predominant in Dadru Kushtha. The present Case study is management of Dadru Kushtha through Ayurveda. A 28 year old female patient presented with erythematous lesions over B/L lower limb (below knee) with severe itching, burning sensation, redness, irregular bowel evacuation since 1 month. She has taken allopathic medicine and got temporary relief. Ayurvedic treatment involved Arogyavardhini vati, Gandhaka Rasyana, Nimba Tail and Raktamokshana by Jalloukavacharana. A significant relief was seen in 4 weeks.

INTRODUCTION:

Kushtha is a broad term for all the skin diseases in Ayurveda. Kushtha is classified as Mahakushtha and Kshudrakushtha. Dadru kushtha is one of the Kshudrakushtha (Acharya Charaka) which has pitta and kapha Predominance and it is characterised by Sakandu (Itching at the lesion site), Raga (Reddish discoloration of skin) Pidaka (Papule over lesion), Mandalamudgata (patches with elevated edge on skin).

Virudhashan - Intake of wrong food combinations, Vishamasana - Heavy food intake or eating speedily, Adhyashan - Excessive food intake, oily food, junk food, spicy food, fermented foods, suppression of natural urges (Vegadharana), emotional stress factors (Manovikara), sleeping in the day time, all these are causative factors of Kushtha. Unhygienic conditions and use of infected clothes worsen the condition. This causes vitiation of Doshas and Dhatudushti (Twak, Raktha mamsa and Lasika).

Present study is about the management of Dadru Kushtha with the basic principles in Ayurveda with shaman aushadhi and Raktamokshana.

CASE HISTORY:

A 28 year old female presented with erythematous lesion (b/l below the knee joint) with severe itching, burning sensation, redness, irregular bowel evacuation since 1 month. She has taken Allopathic treatment which provided temporary relief.

PAST HISTORY

No H/O - DM/HTN,
No F/H/O-Any skin Disorder
No any surgical history

ON EXAMINATION

Pulse rate-78/min
BP-110/80mm of Hg
Weight- 66kg
Mala- Asamadhankaraka
Mutra- samyaka pravrutti
Nidra- Disturbed
Kshudha- Samyaka
Jiwaha- Sama

LOCAL EXAMINATION

Area - b/l below knee joint
Shape - Circular, Multiple patches
Colour- Reddish
Elevation- Present.
Pain - Absent
Tendency to bleed- No
Loss of sensation - No

GENERAL EXAMINATION

Respiratory System- AEBE- Clear B/L.
Cardiovascular System- S1 -S2 heard with no added sound.
CNS- All superficial reflexes are intact.

SAMPRAPTI GHATAK

Dosha- Pitta -Kapha Pradhan
Dushya- Twaka, Rakta, Mansa, Ambu
Srotasa- Raktavaha Srotas
Sroto- Dushti Type- Sang
Ama- Sama
Udhbhavsthana- Amashaya
Vyakti Sthana- b/l below knee joint

NIDANA PANDCHAKA:

HETU:

Aahara- Oily, Spicy, Junk food, Chinese food, fermented foods
Virudhashan, Vishamasan, Adhyasha.
Vihara: -Vegadharana (suppression of natural urges), emotional stress, sleeping in the day time.

POORVARUPA:

Raktavarni twakavaivarnya, unnatma ndalot patti, daha, raga, kandu

RUPA:

raktavarni pitika (erythematous lesion), unnatamandalakara, kandu ++, daha

UPASHAYANUPASHAYA:

Temporary relief by Allopathic medicines

SAMPRAPTI:

Pitta- kapha pradhan tridosha dushti which leads to Twaka, rakta,

mamsa, ambu dushti, pachaka pitta, kapha dushti and grahani dushti further developing the diseases symptoms.

MANAGEMENT:

1. Nidana parivarjana : Avoiding the Ahara and Vihara hetus responsible for the disease, it helps to decrease the Grahani Dushti.
2. Jalloukavacharana: done on 1st and 15th day of treatment.

(पित्तोत्तरेषु मोक्षो रक्तस्य)

according to Acharya Charaka, Raktamokshana is indicated in pittaja Kushtha.

3. Abhyantara chikitsa: for 4 weeks
Aarogyavardhini Vati 500mg twice a day,
Gandhaka Rasayan 500mg twice a day
Nimba Taila for Local application

OBSERVATION AND RESULTS:



Day 1 Jalloukavacharan After 4 weeks

DISCUSSION:

Dadru kushtha is most commonly seen skin disorder. Ayurveda includes all the skin disorder under the term Kushtha and further classify it into Mahakushtha and Kshudra kushtha. Dadru is included under Kshudra Kushtha having pitta-kapha dosha involvement.

In the present case study, patient had hetus which leads to the samprapti of the disease and lakshanas. So, management involved Nidana parivarjana, Abhyantara chikitsa with Aarogyavardhini vati 500mg BD, Gandhaka rasayana 500mg BD, Local application of Nimba taila and raktamokshana by Jalloukavacharana.

PROBABLE MODE OF ACTION :

Aarogyavardhini vati is mentioned in Ayurveda text as हृत्ति कृष्टान्यशेषतः i.e. it is indicated in all the types of Kushtha. It acts on Grahani and Pakwashaya vikruti. As grahani dushti being a part of samprapti of Kushtha. Also, it contains drugs like Kajjali, Loha Bhasama, Abhraka Bhasama, Tamra Bhasama, Shilajit, Triphala, Chitraka, Kutaki, Nimba Patra, etc and Bhavana of Nimbakwatha, which are mostly of Tikta Rasa and Bhasmas in it carry these drugs to Sukshma level.

GANDHAKA RASAYANA:

It is Kushthaghna and Vranaghna andl also acts on Rakta and Twacha

NIMBA TAILA: It is Kushthaghna and it decreases itching

CONCLUSION:

Proper diagnosis, knowledge of dosha involvement, samp rapti, lakshanas helps in treatmentof a disease. In this study, the treatment helped in curing Grahani dushti, twaka, rakta, mamsa dushti and hence breaking the samprapti which lead to vyadhi development.

This study states the management of Dadru kushtha with Nidana parivarjana, Abhyantara aushadhi and Raktamo kshana is effective.

REFERENCES:

1. Dr. kevala Krishna thakral, Sushrut Samhita vol-1, Nidana Sthana 5/8, choukhambha orientalia, Varanasi, 1st edition, reprint, 2016:748.
2. Davidsons Principles and Practice of Medicine 20th Edition, Elsevier

- publication, 2006;1297.
3. Davidsons Principles and Practice of Medicine 20th Edition, Elsevier publication, 2006;1297.
4. Davidsons Principles and Practice of Medicine 20th Edition, Elsevier publication, 2006;1297.
5. Agnivesha: Charaka samhitha, Edited by Acharya Jadavji Trikamji, Published by Choukhambha publication, Varanasi, 2017;8/23:451.
6. Agnivesha: Charaka samhitha, Edited by Acharya Jadavji Trikamji, Published by Choukhambha publication, Varanasi, 2017;7/9-10:450.
7. Vagbhata, Ashtanga Hridaya, Edited by HariSastri Paradakara Vaidya, Published by Choukhambha Orientalia, Varanasi; Reprint, 2018;14/7-10:524.
8. Agnivesha: Charaka samhitha, Edited by Acharya Jadavji Trikamji, Published by Choukhambha publication, Varanasi, 2017;7/30:451.
9. Vaidya Yadavji Trikamji Acharya, Sushrut Samhita of Sushruta, Chikitsa Sthana.: Kushta Chikitsa: Chapter 9, Chaukhamba Surbharti: Varanasi, Reprint, 2017;446.
10. Agnivesha: Charaka samhitha, Edited by Acharya Jadavji Trikamji, Published by Choukhambha publication, Varanasi, 2017;7/39:452.
11. Sharangdhara Samhita, Vidhya Sagar Pandit Parshuram Shastri, Reprint. Madhyama Khand: Chapter 9, Varanasi (india): Chaukhamba Surbharti prakashana, 2006;222.
12. Rasa Ratan Samucchya, Ambika Datt Shastri, Chaukhamba amarbharati prakashan, Varanasi, reprint, 2015;436.
13. Sharangdhara samhita, Bramhanand Tripathi, Chaukhamba Surbharati prakashan Varanasi, print, Madhyam khand, 2016;2:103.
14. Sharangdhara samhita, Bramhanand Tripathi, Chaukhamba Surbharati prakashan Varanasi, print, Madhyam khand, chapter, 2016;9:154.