



DADRU KUSHTA WITH REFERENCE TO TINEA (FUNGAL INFECTION / RING WORM INFECTION) - A CONCEPTUAL STUDY

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ABSTRACT Skin is the first and largest organ of the body interacting with the environmental agents like physical, chemical & biological agents. Variations in the environmental stimuli & natural ability of body to deal with these factors result in spontaneous remissions & relapses. Interaction with these factors results in specific reaction pattern producing characteristic skin diseases in different parts of the body. In recent years; there has been a considerable increase in the incidence of skin problems in the tropical and developing countries like India due to less immunity, unhygienic, living conditions, and nutrition. Skin is the most exposed part of the body. Patient who suffers with any skin diseases leads to experience Physical, Emotional and Socio-economic embarrassment in his/her society from cosmetic point of view. *Tinea/Ringworm* is one among the various skin infections which is spreading rapidly and affecting all the age group of population. In *Ayurveda* skin infection is termed as *Twak Vikara* or *Kushta roga*. *Dadru* is one among the *Kushta Roga* and termed as a *Dadru Kushta*. In modern medicine, skin fungal infection that is *Tinea/Ringworm* is correlated to *Dadru Kushta* due to similarities in their symptoms. According to most of Ayurvedic texts, all types of *Kushta* have been considered as *Rakta Doshaja Vikara*. *Dadru* is one of the *Kapha-Pitta Pradhana Twak Vikara*. Here we are going to discuss about the *Nidana*, *Samprapati*, *Lakshmas*, *Chikitsa*, *Pathya-Apathya* and preventive methods of *Dadru kushta* in day to day life.

KEYWORDS : Tvak Sharir, Dadru, Tinea, Dermatophytoses

INTRODUCTION:

Skin is a mirror that reflects internal & external pathology & thus helps in diagnosis of diseases. Large community prevalence studies have demonstrated that between 20-30% of the population have various skin problems requiring attention. (Davidson-18th Ed) In Dermatology, we can observe a wide array of skin manifestations with different names. In present day science, it is observed that there are over 2000 skin disorders. Depending upon the aetiology, they can be classified into various groups such as, Genetic, Infectious, Allergic, Autoimmune, Traumatic, Developmental, Occupational, Climatic etc. In recent years, there has been a considerable increase in the incidence of skin problems. It should be noted that 10-15% of the general practitioners work with skin disorders. Skin diseases affect the individual in 4 ways i.e. Discomfort, Disfigurement, Disability and Death. Among the infectious diseases, include mainly Bacterial, Viral and Fungal skin diseases. The skin is a metabolically active organ with vital functions including the protection and homeostasis of the body. A healthy skin is a source of pleasure not only to its owner but also to one who looks at it. To possess a nice skin is to have a great social & economical advantage. Thus the normal skin has become one of the most important factors of the individual's personality, that's why people spend much time & money to restore skin to normalcy, though the changes in the skin, many times, doesn't mean anything in terms of abnormality. Skin is a primary external covering of body mostly affected by fungal infections. In *Ayurveda* skin fungal infection is termed as *Dadru Kushta* (*Tinea/Ringworm*). Incidence rate of *Dadru* gradually increasing day to day due to factor that *Nidana* of this *Kusta* explained by *Acharya Shusruta* which is *Sankramika* or *Aupasargika Rog*. These *Sankramika Vyadhi* like *Dadru* spreads from person to person by *Krimi through Sweda*. *Dadru* can be diagnosed with the help of *Raga*, *Pidika Mandala* in its *Adhistana* that is *Twak*. The physician who is having knowledge of *Nidana* can do proper diagnosis, cure by treatment and also prevent any disease. '*Nidana Parivarjana*' is the main primary approach in *Ayurveda* to keeping oneself free from the disease.

ABOUT DISEASE:

In *Ayurvedic science*, skin diseases are classified under broad heading of *Kushta*, which is further classified into *Mahakushta* and *Kshudrakushta*¹. *Kushta* is considered as *Mahagada* by *acharyas*. *Dadrukushta* is one among the 18 types of *Kushtas*. *Acharya Charaka* included *Dadrukushta* in *Kshudrakushta*² whereas *Acharya Sushruta*³ and *Vagbhata*⁴ have explained under *Mahakushta*. According to *Acharya Dalhana*⁵ *Dadrukushta* is classified into two types: *Sitha* and *Asitha*. He interpreted that *Dadrukushta* mentioned by *Acharya*

Sushruta under *Mahakushta*, is *Asitha* type of *Dadrukushta* and *Dadrukushta* which is enumerated by *Acharaya Charaka* under *Kshudrakushta* is a *Sitha* type. In modern medicine also explained superficial and deep mycoses which make us think for similarity in both. *Dadrukushta* is predominantly *Pitta-Kaphaja* as per *Acharya Charaka*⁶ and *Acharya Vagbhata*⁷. On the other hand, *Kaphaja* as per *Acharya Sushruta*⁸. In contemporary medicine, *Dadrukushta* is correlated to fungal infection that is *Tinea*. *Acharya Sushruta* has mentioned unhygienic lifestyle as one of the causative factors for *Kushta* and has mentioned it as a variety which is mainly by the *upsarga of Krimis*⁹. The symptom of '*Dadru*' and *Dermatophytosis* (*Tinea/Ringworm*) shows tremendous similarities with each other. The co-relation of '*Dadru*' and '*Dermatophytosis*' is done on the basis of similarities of the symptoms as explained in literary of both *Ayurveda* and *Modern medicine*. Clinical features of *Dermatophytosis* are intense itching, annular erythematous scaly lesions, the active border consist of papulovesicular lesions, and in advancing stage the lesions spread peripherally with central clearing and pigmentation¹⁰. Similarly *Mudhukoshkara*, a commentator of '*Madhavanidana*' stated '*Asitetar Dadru*' which occurs superficially having *Lakshana-Kandu* (itching), *Raga* (redness), *Pidaka* (pimples) and *Udagata Mandala* (raised patch).¹¹

ETYMOLOGY:

According to *Shabda Kalpa Druma*, the word *Dadru* is pulling a shabdh, which means "Tortoise", because *Dadru* comes under "Anadaya Shabda roopa" i.e. without any "dhatu" or "Pratyaya"

As per *Sir Monier William's Sanskrit English Dictionary*, *Dadru* is a type of *Leprosy* (*kushta* i.e. skin disease) characterized by skin lesions, which resembles tortoise.

"Dadrana ithi- deeryanteanya charma daruhu, saa asyaastiti dadrunaha, dadru rogin naama".

A person who suffers from *Dadru* or who has skin lesions wherein there is loss of continuity of normal skin is known as *Dadru rogi*. (*Amarakosha Dwiteeya Manushya Varga*).

In *Vaidyaka Shabda Sindhu*, *Dadru* is mentioned as a type of *Kshudra kushta* having the characteristics of tortoise.

DEFINITION

Dadru is a type of *kushta roga*, which is characterized by the cardinal symptoms like *Kandu*, *Utsannamandala*, *Raaga* and *Pidaka* and the lesions resembling the skin of a tortoise.

According to Acharya Sushruta, the skin disease which is having spreading nature, papules with bluish tint or copper colour is known as Dadru Kushtha.

Acharya Kashyapa has clearly defined Dadru as a skin disease having "Vridhdhiant Mandals" i.e. disseminating discoid lesions with intense itching, burning and secretions from it. The lesions are sometimes dry in nature which is a very important point through practical aspect.

PREVALENCE RATE:

The prevalence of this infection is ~2% among young adults and increases to 20% among individuals 40-60 years of age¹². 39% of world population is suffering from Tinea. In India also, 5 out of 1000 people are suffering from Tinea infections.¹³

DADRU (TINEA) IN MODERN MEDICINE:

The Ayurvedic delineation of Dadru possesses remarkable congruency with the description of Dermatophytoses in modern medicine. Therefore a superficial review of Dermatophytoses is being presented here.

DERMATOPHYTOSES¹⁴:

- These are filamentous fungi (Mould) that infect only superficial keratinized tissues- Skin, Hair and Nails.
- Causative agents of Ringworm or Tinea or Dermatophytoses.
- Not involve living tissues
- **In lesion**, it form hyphae and arthospores
- **In culture**, it form *septate hyphae* and *asexual* spores (micro and macroconidia) with powderies and pigmented colonies

Clinical features:

- Local inflammation is due to irritation by fungal products and hypersensitivity reaction.
- Transmission occurs from *infected to uninfected person often by brushes, combs and towels.*

Dermatophytoses comes under fungal infections category. These are Keratinophilic Fungi, living on the superficial dead keratin. This is why they infect skin, nails and hairs. In skin they infect the most superficial layer of epidermis that is stratum corneum¹⁵. They do not penetrate living tissues. Dematophytes cause variety of clinical conditions collectively known as dermatophytoses, tinea or ringworm.

Dermatophytes classified into 3 genera:

- Trichophyton: Skin, hair, nails
- Microsporam affects: skin hairs (nails are not involved)
- Epidermophyton affects: skin. Nails (hair are not involved)

Table 1: Description of Genera

Features	Trichophyton	Microsporom	Epidermophyton
Site	Infect hair, skin and nail	Hair and skin only	Skin and nail only
Colony	Powdery, pigmented	Cotton like pigmented	Powdery greenish yellow
Spores			
Microconidia	Abundant	Relatively scanty	Absent
Macroconidia	Pencil or Cylindrical shaped, relatively scanty	Multicellular Spindle or Fusiform shaped and is predominant spore	Club- shaped or Pear- shaped multicellular

Based on source of infection Dermatophytes are classified:

Table 2: Description of Sources of Infection

Sources	Spread	Dermatophytoses
Anthropophilic	Spread from men to men. Little or no inflammation is there	Eg. Tinea rubrum, Tinea tonsurans, Tinea violeceum etc.
Zoophilic	Spread from animal to men. Severe inflammation takes place	Eg. Tinea verrucosum etc.
Geophilic	spread from soil	Eg. Microsporom gyposeum, Microsporom Fulvum etc.

The fungal diseases of the skin can be divided into:

Superficial Mycoses:

Dermatophytoses come under superficial fungal infections of the skin. These infections are restricted to invasion of horny structures like the stratum concern, the nails & the hair.

Deep Mycoses

While the deep mycoses always involves systemic conditions, deep mycoses are much more common in immuno-compromised patients including those with AIDS transplant patients, on corticosteroids, or immunosuppressive agents & those with congenital immune-deficiencies some other such as Histo-plasmosis, Cryptococcosis & Coccidioidomycosis, are widespread systemic infections which only occasionally involve the skin.¹⁶

Traditionally, infections caused by dermatophytes (ringworm) have been named according to the anatomic locations involved by appending the Latin term designating the body site after the word tinea e.g. tinea capitis for ringworm of the scalp. The explanation of Dermatophytoses according to location is given which are as follows:

Table 3: Types of Dermatophytoses¹⁷

Types of ringworm	Affected body part	Causative agents
Tinea capitis	Scalp and hair	Ectothrix→M.canis, M.audouinii, T.mentagrophytes Endothrix → T.tonsurans, T.violaceium, T.schoenleinii
Tinea corporis (T. Glabrosa)	No-hairy skin of trunk and limbs	T.rubrum, T.verrucosum, E.floccosum
Tinea pedis (Athlete foot)	Feet, especially 4 th web space	T.rubrum, T. montagrophytes, E.floccosum
Tinea cruris (Dhobi/ ack itch)	Groin, Perineum thigh, Scrotum	T.rubrum, T. montagrophytes, E.floccosum
Tinea unguium (onchomycosis)	Nail	T.rubrum, T. montagrophytes, E.floccosum
Tinea barbae	Beard	T.mentagrophytes
Tinea manum	Palms	T.rubrum

Two types of hair infection may be seen¹⁸:

- **Ectothrix:** Anthrospores from sheath around the hair.
- **Endothrix:** Spores are inside the hair shaft.

Several anatomic sites may be infected by a single dermatophyte species, and different species may produce clinically identical lesions. The major etiologic agents may be global, such as *T. rubrum*, while the distribution of others may vary geographically

The external appearance of all Tinea infections other than Tinea corporis does not match exactly with the Ayurvedic description. Nonetheless they all should be considered under the same heading 'Dadru' because only their morphology changes due to the change of site of infections. The causative fungus & the symptoms of all, remains the same.

AYURVEDA CONCEPT OF DADRUKUSHTA:

Table 4: Dadrukushta Description by Different Acharyas:

Clinical features	Acharya Charaka ¹⁹	Acharya Sushruta ²⁰	Acharya Vagbhata ²¹
Color	Red	Dark brown	Dark brown
Itching	Present	Present	Present
Lesion/ Patches	Present	Not- specific	Present
Pustules	Present	Present	Present
Spreading nature	Not-specific	Wide spread	Constantly spreading
Association of other diseases	Not-specific	Not-specific	Associated
Doshic dominance	Kapha-pitta	Kapha	Kapha-pitta
Classification	Kshudra kushta	Mahakushta	Mahakushta

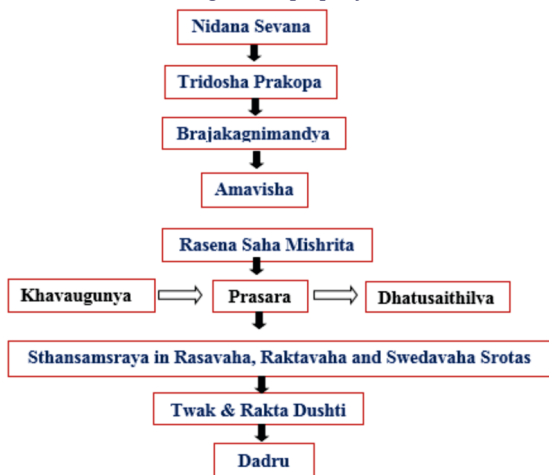
NIDANA PANCHAKA:

Table 5: Description of Different Nidana causes Ddaru Kushta

a. Nidana:		
Aharaja Nidana	Viharaja Nidana	Others
Ati snigdha ahara sevana	Tight clothes	
Honey+Milk	Using others inmate objects	
Excess Tila taila	Excessive sweating	
Excess Radish	Soil to person	Weak immune system
Madhyamla with Milk	Contaminated by affected person	Immunosuppressive drug
Excess Curd / Buttermilk	Humidity	Obesity
Mamsa with Madhu	Poor hygiene	
Guda with Milk	Seasonal (Rainy/ Summer/ Winter)	
Ajeerna Bhojana	Petting or Grooming an animal	
Ati amla sevana	Using public shower	
Rice with milk		
b. Purvarupa:		
Kandu, Pidaka		
c. Rupa:		
Kandu, Pidaka, Raaga, Mandala, Visarpini		
d. Upasaya:		
Application of Ointments externally on the lesion		

e. SAMPRAPTI:

Flow Chart No. 1: Showing the Samprapti of Dadru Kushta



SAMPRAPTI GHATAKAS:

Table 6: Samprapti Ghatakas

Nidana	Sankramika Bahya Malaja Krimi
Doshas	Tridosha (Kapha Pitta Pradhana)
Dushya	Twak, Rakta, Lasika (Ambu), Sweda
Srotas	Rasa, Rakta
Adhishthana	Twacha
Rogamarga	Bahya

VYAVACHEDAKA NIDANA (DIFFERENTIAL DIAGNOSIS):

Table 7: Differential Diagnosis of Dadru Kushta

Disease	Symptoms
Paama (Scabies)	In Paama symptoms like Scattered Pidika with different Varna (white, red & black) ²²
Vicharchika (Eczema)	In Vicharchika Symptoms like Pidika with Bahusraava ²³
Dadru (Tinea)	In Dadru symptoms like Pidika, Varna (Atasipushpa) with Mandala (Round patch) ^{24,25}

DADRU LAKSHANA AND DOSHA-DUSHYA INVOLVEMENT:

Table 8: Dadru Lakshana- Dosha and Dushya

Dadru lakshanas	Dosha-Dushya Involved
Kandu	Kandu is produced by the vitiated Kaphadosha.

Pidika and Raaga	When the vitiated Pitta gets accumulated in Twacha and Rakta creates inflammation and redness then it is known as Pidika.
Srava²⁶	The vitiated Pitta, Kapha and Lasika produce Srava

CLINICAL FEATURES CORRELATION (LAKSHANA):

Table 9: Showing correlation of Dadru Kushta in Modern Medicine

Ayurveda (Lakshanas)	Modern Medicine (Signs and Symptoms)
a. Pidakas	a. Pustules
b. Kandu	b. Itching
c. Utsanna	c. Skin elevation
d. Mandala	d. Annular scaly patches
e. Raga	e. Erythema
f. Chirrothana	f. Slow onset
g. Atasi Pushpa Varna	g. Copper color
h. Shotha	h. Inflammation
i. Romashchyuti	i. Glabrous skin
j. Prashantania cha punarutpadyanti	j. Subsides & Relapses

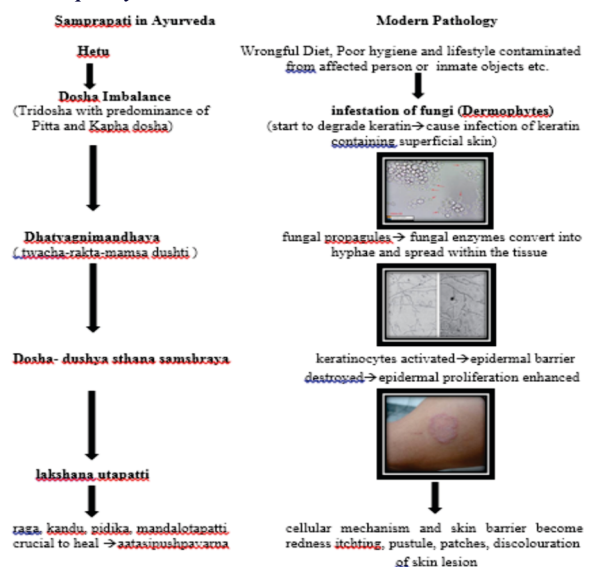
LOCATION OF DADRU KUSHTA:

Table 10: Showing Location of Dadru Kushta in Layers of Twacha.

SL. No.	Acharya	Dadru Location
1.	Acharya Charaka	Charaka said „Dadru' is in the fourth layers of Twacha and included it under Kshudrakushtha.
2.	Madhavanidana ²⁷	Deep rooted i.e. Asita Dadru is included under Mahakushta whereas superficially occurring Dadru i.e. Asitetar Dadru is included under Kshudra kushta
3.	Acharya Sushruta	Sushruta mentioned that fourth layer i.e., „Tamra' is seat of Kilas and Kushtha. The fifth layer i.e., „Vedini' is seat of Visarpa and Kushtha. Sushruta described „Dadru' under Mahakushtha.

SAMPRAPTI CORRELATION TO CONTEMPORARY MEDICINE:

Flow Chart No. 2: Showing the Samprapti correlation to Contemporary Medicine



This happen after long period of time and if no proper preventive and curative methods are followed then at last leads to this diseases manifestation with severe outcomes and spread gradually in whole body.

LABORATORY INVESTIGATION FOR TINEA OR RINGWORM OR DERMATOPHYTOSES:

HISTOPATHOLOGICAL STUDIES (CONFIRMATORY TEST²⁸):

Assessment is done with **Potassium Hydroxide (KOH)**

Gram -ve: These Dermatophytoses is having thin cell wall which broken by 3% of KOH and become viscous.

Gram +ve: These Dermatophytes viscosity do not alter

Examination:

Potassium hydroxide dissolves the keratin of keratinocytes, hairs and nails but does not dissolve the fungus.

It includes two methods.

- 1) KOH mounts (without heating)
- 2) KOH preparation (with heating)

This experiment is done by KOH preparation.

Indications:

Infection with fungi or yeast is suspected, e.g. Dermatophytosis (ringworm), tinea versicolor, candidiasis, etc.

Steps Involve:

- a. Using a no.15 scalpel blade, scraping has taken from the border of lesions, involved nails or infected hair has extracted with forceps.
- b. First 1 to 2 drops of 10 to 20 % potassium hydroxide (KOH) is placed on a clear glass slide. Then collected specimen of scales is immersed in drop of KOH. Cover slip is kept on the specimen.

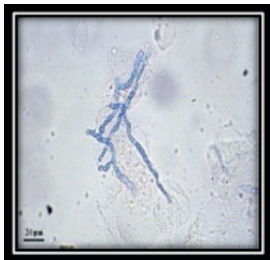
KOH mixture is heated by passing the slide through a Bunsen burner flame several times to dissolve the scales which facilitate identification of fungal hyphae. The slide is then examined under the light microscope (10 x and 40 x).

or

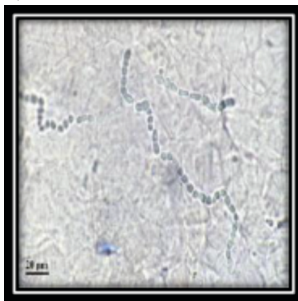
Put 10% KOH solution on slide and then add scrapped lesion on this solution and stand still for 10-15 minutes. If disappear as whole then no fungal infection is their because it destroy healthy cells leaving behind only fungal cells.

Interpretation:

- a. Dermatophytes appear as septate branching hyphae in the scales or hyphae and spores in hair shaft.



- b. Malassezia furfur (Pityrosporumovale) the causative agent of tinea-versicolor is seen as short stumpy mycelia elements with thick walled rounded spores-(Spaghetti and Meat balls appearance).



- c. Candida is seen as thin filamentous mycelial elements with pseudo budding and spores.

MANAGEMENT OF TINEA:

IN CONTEMPORARY MEDICINE:

In modern medical science, management of most of the Tinea infections is carried out with usage of topical therapy alone, systemic therapy indicated for patients of Tinea are unresponsive²⁹. Now a days the treatment given by them is becoming **resistance** and give response for the short duration of time and later on again it will reoccurring. Some of allopathic drugs which are used to treat fungal infections are:

Clotrimazole, Econazole, Miconazole, Terbinafine, Fluconazole, Ketoconazole Amphotericin, Lullycanazole.

Among various options, topical terbinafine for 4 weeks appears to be the treatment of choice for limited disease (tinea corporis/cruris/pedis). For more extensive disease, the choice is less clear. Both terbinafine (250–500 mg/day for 2–6 weeks) and itraconazole (100–200 mg/day for 2–4 weeks) appear to be effective for short period of time.

SIDE EFFECTS³⁰:

Apart from side effects like altered estrogen levels and liver damage, many antifungal medicines can cause allergic reactions in people. For example, the azole group of drugs such as ketoconazole or itraconazole is known to have caused anaphylaxis by excreting toxins and drugs into the intestines.

Before oral antifungal therapies are used to treat nail disease, a confirmation of the fungal infection should be made. Approximately half of suspected cases of fungal infection in nails have a non-fungal cause. The side effects of oral treatment are significant and people without an infection should not take these drugs. Azoles are the group of anti fungals which act on the cell membrane of fungus, thus inhibiting growth of the fungi. Some azoles directly increase permeability of fungal cell membrane.

AYURVEDIC MANAGEMENT (CHIKITSA):

As per the need of today's lifestyle and also due to the increase in the resistance of the human body Ayurveda has to be taken in the limelight for such type resistance behaviour which is going to harm the humans in future. Thus, the ayurvedic formulations of Bahiparimarjana in the form of Lepas and shaman aushadhis should be taken which can acts as shanika chikitsa externally and internally do rakta shudhi so that disease should be cured from root. These ayurvedic formulations having the property to totally cure this dadru kushta and the chances of reoccurrence are also very less due to the properties of the various drugs that are included in this.

In modern medicine Sulphur used as antifungal drug for fungal infection there are many herbal drugs having this content and also mentioned under this line of treatment without having any side-effects. For eg. - Gandhak

1. **Nidana Parivarjana** (To avoid the triggering factors i.e. food habit, lifestyle, poor hygiene etc.) that can lead to this infection) so that the manifestation of disease can be controlled. Before administration of any disease should follow **Koshtha shudhi & Agni dipana** so that assimilation of the drugs properly take place and for efficacy of treatment protocol.

2. Shodhana chikitsa (According to Dosha and Bala of patients)

a. Purvakarma	Abhyanga, Sweda
b. Pradhana Karma	Vamana, Virechana, Raktamokshana

3. Shamana chikitsa

i) Antaha parimarjana-

a. Bhasma/ Rasa	Shudha Gandhak, Kushtha Kuthar Rasa
b. Vati	Arogyavardhini Vati, Kaishor Guggulu, Panchtikta Ghritha Guggulu
c. Churna	Panchanimba Churna, Manjishthadi Churna, Triphaladi Churna
d. Kwatha	Patoladi Kwatha, Brihadamahamanjishthadi Kwatha
e. Asava	Triphala Asava, Sarivadya Asava
f. Arishta	Khadirarishta, Kankabinduarishta, Vidangarishta
g. Ghritha	Mahatikta Ghritha, Panchatikta Ghritha, Mahakhadira Ghritha
h. Lehya	Amritha Bhallataka Lehya, Dhatriyavleha
i. Ekal Dravya	Khadira, Vidanga, Manjishtha, Haridra, Karveer

ii) Bahya parimarjan-

a. Lepa	Karanjadi Lepa, Kaveeradi Lepa, Manahshiladi Lepa
b. Taila	Marichadi Taila, Karanja-nimba Taila, Kanakshiri Taila
c. Kalka	Bhrishta Sarshapa Kalka

iii) Rasayana

a. Gandhaka Rasayana	a. Haridra Rasayana
b. Haritaki Rasayana	b. Tuvarka Rasayana
c. Bhallataka Rasayana	

Some skin conditions requires *Shodhana*, some needs only *Shamana*, some requires repeated *Shodhana*, *Raktamokshana* etc., *Dadru* is a condition where all the treatment modalities can be applied.

PATHYA-APATHYA:

Pathya	Apathya
Ahara:	Ahara:
Laghu, Ruksha, Tikta Rasa Pradhana Moong Masoor Dal, Wheat And Yava , Purana Ghritha , Gomutra, Dadima , Nimba, Patola, Lashun, Karela Shak Etc	Virudhahara (Milk And Matsaya), Navanna, Pishtanna, Vidahi, Abhishyandi, Tila, Madya, Urada, Gudda, Mulanki, Dadhi Etc.
Vihara:	Vihara:
Laghu Vyayam, Snana (Sidharthaka Snana) Etc.	Divaswapna, Vega Dharna, Ati Vyayam, Ati Sweda, Sankramit Purusha Samyoga Etc.

PRECAUTIONS TO BE TAKEN:

- Avoid sharing clothing, sports equipment, towels, or sheets.
- Wash clothes in hot water with fungicidal soap after suspected exposure to ringworm.
- Avoid walking barefoot; instead wear appropriate protective shoes in locker rooms and sandals at the beach.
- Avoid touching pets with bald spots, as they are often carriers of the fungus.
- Washing bedding and clothes daily during an infection to help disinfect your surroundings
- Drying areas thoroughly after bathing
- Wearing loose clothing in affected areas
- Treating all infected areas to avoid spreading to other parts of body.

DISCUSSION:

As we know that “**PREVENTION IS BETTER THAN CURE**” so some preventive methods should also be known to patients to avoid contamination. Possible palliative and unique treatment modality in Ayurveda provides long lasting results and a better life to patients. The Ayurvedic remedies having different properties that will lead to its non-resistance modality. So, to prevent the resistance rate have to take step ahead so that these type of disease could be cured without any side effects. Patient should follow proper precautions so that rate of occurrence can be reduced.

CONCLUSION:

As per the need of today's lifestyle and also due to the increase in the resistance of the human body Ayurveda has to be taken in the limelight for such types of resistance behaviour which is going to harm the humans in future. Thus, the ayurvedic formulations of Bahiparimarjana in the form of Lepas (local application works faster due to physiological effect of heat on the skin and shaman aushadhi should be taken which can acts as sthanika chikitsa externally and internally do rakta shuddhi so that disease can be cured from root. These Ayurvedic formulations having the property of completely curing this Dadru Kushta with no chances of recurrence due to the properties of the various drugs that are included in this.

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