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### Effect of *Aragwadh patra Ekal Dravya* on *Dadru* – A Case study

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#### Abstract:

*Dadru*, an ancient Ayurvedic term, broadly corresponds to the modern dermatological condition of ringworm (tinea infections). This article reviews the Ayurvedic understanding of *Dadru*, encompassing its etiological factors, characteristic clinical manifestations, and traditional therapeutic approaches. Rooted in the principles of *Vata*, *Pitta*, and *Kapha doshas*, *Dadru* is primarily attributed to a vitiation of *Kapha* and *Pitta*. Clinical presentation often involves circular lesions with well-defined margins, itching, and scaling. Ayurvedic management focuses on pacifying the aggravated *doshas* through internal medications, external applications, and lifestyle modifications, aiming for both symptomatic relief and prevention of recurrence. This review highlights the holistic

approach of Ayurveda in addressing dermatological conditions like *Dadru*.

**KEYWORDS:** Aragwadha, *Dadru*, Skin Disease, Single drug

#### INTRODUCTION

*Dadru* is a well-described skin disorder in classical Ayurvedic texts, often characterized by its distinctive circular lesions and intense itching. While modern medicine identifies this condition as ringworm, caused by dermatophyte fungi, Ayurveda provides a unique framework for understanding its pathogenesis and treatment based on the concept of *Doshas* (*Vata*, *Pitta*, *Kapha*), *Dhatus* (tissues), and *Malas* (excretory products). This article aims to elucidate the Ayurvedic perspective on *Dadru*, comparing and contrasting it with contemporary

understanding where appropriate, and outlining its traditional management strategies. The prevalence of fungal infections globally underscores the importance of exploring diverse medical systems for effective solutions.

In India, 27.6% of people had a superficial fungal infection<sup>[1]</sup>

*Aragwadha* are used in variety of diseases such as *Aamvata*, *Kustha vyadhi*, *kamala*, *gandamala*, immunomodulators, *rasayana*, Anti-inflammatory, Analgesic, Gout, *Jwara*, *Raktahsodhaka*, Liver diseases, Antimicrobial agents, Antihelminthic, *Vrana shodhaka*.

Here, it is given as local application in form of lepa with takra for a period of 28 days twice a day according to size of lesions

The patient came at OPD with *Kandu*, *Twak Vivaranta*, *Utsanna Mandala* as major complaint in the last 2 years, for which the patient visited many skin specialist till the time of medicine patient symptoms decreased and after discontinuing the course symptoms reoccurred. After starting the treatment with *Aragwadha* after a week many symptoms decreased.

## PATIENT INFORMATION

A 62 year male Patient attended the OPD on July 14 2025 and presented with Chief complaint of Itching around abdominal area (*Udar pradeshi kandu++*) with mild burning sensation (*Daha*), hyperpigmented with circular irregular demarcations (*Shyavaruna varna twak vivarnata evum Utsanna mandala*) since 2 years. According to the history given by the patient it started with

itching primarily with hyperpigmented with on and off recurrence of symptoms. Patient had H/o HTN and old CVA for which he was taking antihypertensive medicine once in morning along with antiplatelet drug. Meanwhile hyperpigmented with irregular patches were noticed over lumbar region lower abdomen and waist. He consulted a dermatologist earlier, who prescribed topical cream for L/A. However, no satisfactory relief was achieved.

## CLINICAL FINDINGS

There were no family h/o skin diseases. On examination, Patient was Afebrile, stable, conscious and well oriented. Pulse was 68/m, Respiratory rate was 22/m, and Bp was 110/70 mmHg. He had no pallor or icterus and appeared significantly nourished. Respiratory and Cardiovascular systems were normal. Abdomen – Soft, Nontender and no distention noticed. However, as per personal history, bowel movement was irregular, patient has constipation while bladder movements were normal. Hyperpigmented with irregular patches were noticed over lumbar region, lower abdomen and waist were observed along with itching++, burning sensation over the affected area

## *Ashtavidha pariksha* (Eight-fold examination of the patient)

On examination, his *Nadi* (pulse) was 68/min, *Mala* (bowel habit) was irregular and unsatisfactory once in 2-3 day, unformed, and *Nirama*, *Mutra* (urine) frequency was 5-6 times/day, straw-colored, *Jihva* (tongue) was *nirama* and *sphutita*, *Shabda* (sound/voice) was normal, no hoarseness, *Sparsha* (tactile sensation) was *Samasheetoshma* (not cold

neither hot), *Drik* (vision) was *Prakrita* (normal), with normal eye movement, no discharge, *Akriti* (body stature) was *Madhyama* (medium).

**Dashavidha pariksha (Ten-fold examination of the patient)**

The *Prakriti* (somatic constitution) was *Vata-pitta*, *Vikriti* (morbidly) was *Balwana* (aggravated), *Sara* (excellence of tissue elements), *Samhanana* (compactness of tissue or organs), *Pramana* (anthropometry), *Satmya* (homologation) were *Madhyama* (medium), *Satva* (Psyche) was *Pravara*, *Aahar shakti* (capacity of intake food) was *Madhyama*, *Vyayama shakti* (capacity to perform exercise) was *madhyama* (medium) and *Vaya* (age) was *Vruddhavastha* (Old age).

**DIAGNOSTIC ASSESSMENT**

The diagnosis was made based on the clinical features like *utsanna mandala*, *kandu*<sup>[2]</sup>, *daha*, *raga*<sup>[3]</sup>, *vaivarnya*<sup>[4]</sup>, *pidika*, *srava*<sup>[5]</sup> and *rukshata*<sup>[6]</sup>, based on the similar clinical features like *kandu*, *utsanna mandala*

**FOLLOW UP CHART**

SYMPTOMS	0 day / 1 <sup>st</sup> FU	2 <sup>ND</sup> FU	3 <sup>RD</sup> FU	4 <sup>TH</sup> FU
<b>KANDU (ITCHING)</b>	+++	++	++	+
<b>DAAH</b>	++	++	+	<b>Relieved</b>
<b>UTSANNA MANDALA</b>	++	++	+	+
<b>RAAG (REDNESS)</b>	++	+	+	<b>Relieved</b>
<b>VAIVARNYA</b>	++	++	+	+

,*vaivarnya* the condition was diagnosed as *Dadru*.<sup>[7]</sup> The assessment of patient improvement has been done by before and after sign and symptoms along with before and after images of the affected area

**THERAPEUTIC INTERVENTION**

The therapeutic intervention includes palliative therapy (*Shaman chikitsa*) in form of *Aragwadha patra churna lepa* with *takra* as local application over the affected area.

**FOLLOW-UP AND OUTCOME**

After assessment of the patient, *Aragwadha patra churna lepa* alongwith *takra* was advised to apply twice a day over the affected area and allowed it to dry on its own, internally mild laxative *Gandharva haritaki churna* was indicated for unsatisfactory bowel movement. After every 7 days/1 week patient was advised for follow up. Symptoms were assessed on basis of grading as per API standards.

<b>PIDIKA (BOILS)</b>	++	+	+	<b>Relieved</b>
<b>SRAVA</b>	-	-	-	-
<b>ROOKSHTA</b>	++	+	+	+

The improvement was assessed by changes in clinical features before and after introducing *Aragwadh patra lepa*. It showed significant decrease in Itching (*kandu*) from 3<sup>rd</sup> grade to 1<sup>st</sup> grade, *daah* from 2<sup>nd</sup> grade to relieved stage, gradual decrease in elevated margin (*utsanna mandal*) from 2<sup>nd</sup> grade to 1<sup>st</sup> grade, mild changes in discoloration, boils (*pidika*) from 2<sup>nd</sup> grade to relieved stage, Dryness (*Rukshta*) from 2<sup>nd</sup> grade to 1<sup>st</sup> grade. The follow up was conducted after every 7 days till the period of 28 days 4 F/U in total. No adverse events occurred during the treatment and follow up period.

### Discussion

The prevalence of *Dadru* (Ringworm) is high in tropical and subtropical area, and in area like Mumbai where there is hot and humid air prevalence rate is high, loss of hygiene, economical status, poor practice of cleanliness, tight clothes, and over indulgence in *ushna – sheeta*, *guru aahar* along with junked, *pramitashaan* and *virudhaahar*, irregular bowel habit, *dadru* is easily found. Recurrence rate of *dadru* is high if such practise are not processed properly. As the current patient is moderately old age bowel movement should be satisfactorily kept in mind and laxatives were advised to free from constipations as these increase the symptoms of the sufferer.

The Ayurvedic understanding of *Dadru*, with its emphasis on *Kapha-Pitta* vitiation and *Ama* formation, offers a comprehensive framework for addressing ringworm. The classical descriptions of lesions, including their circular shape, itching, and redness, align remarkably well with modern dermatological observations of tinea infections.

The multi-pronged Ayurvedic treatment approach, combining internal purification with external applications and dietary modifications, reflects a holistic philosophy. *Shodhana* therapies aim to eliminate the root cause by expelling vitiated doshas and toxins, while *Shamana* therapies provide symptomatic relief and strengthen the body's natural healing mechanisms. The emphasis on *Rakta Shodhana* (blood purification) is particularly relevant, as the skin is considered a mirror of internal health in Ayurveda, and many skin conditions are linked to impurities in the blood.

While modern medicine focuses on antifungal agents, Ayurveda seeks to restore the internal balance of the body, which, in turn, helps the body to overcome the infection and prevents future occurrences. Further research, including clinical trials, comparing the efficacy of Ayurvedic interventions with conventional treatments for *Dadru* would be

beneficial to validate and integrate these traditional practices.

## Conclusion

*Dadru*, or ringworm, is a common dermatological condition effectively addressed by the principles and practices of Ayurveda. Rooted in the imbalance of *Kapha* and *Pitta* doshas, its characteristic clinical features are well-described in classical texts. Ayurvedic management strategies, encompassing *Shodhana* and *Shamana* therapies, along with meticulous dietary and lifestyle modifications, offer a holistic and sustainable approach to not only treat the symptoms but also address the underlying imbalances, aiming for long-term relief and prevention of recurrence. The ancient wisdom of Ayurveda provides a valuable complementary perspective for managing conditions like *Dadru* in contemporary healthcare.

Use of *Aragwadha patra lepa* with *takra* continuously as local application twice a day has given promising effects to the patient. Meanwhile, the symptoms reduced and patient had seen these effect which was intermittently not possible because of modern drugs.

## Limitation of study

The study was done at college opd level at concerned department subject with respect to time

## Declaration of patient consent

Authors certify that they have obtained patient consent form, where the caregiver has given the consent for reporting the case along

with the images and other clinical information in the journal. The caregiver understands that his name and initials will not be published and due efforts will be made to conceal the identity.

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**Pictures:**



**Before**



**After**

