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## MANAGEMENT OF *DADRU* WITH SPECIAL REFERENCE TO *TINEA CORPORIS* THROUGH PANCHAKARMA: A CASE STUDY

PATIL MS<sup>1</sup>, SAHU L<sup>2</sup>, PATIL DB<sup>3\*</sup>, MAHESH MP<sup>4</sup> AND PATEL PR<sup>1</sup>

- 1: PG Scholar, Department of Panchakarma, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat
- 2: Assistant Professor, Department of Panchakarma, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat
- 3: Associate Professor, Department of Panchakarma, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat
- 4: Assistant Professor, Department of Panchakarma, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat

\*Corresponding Author: Dr. Dinesh B. Patil: E Mail: [dr.dineshpatil3@gmail.com](mailto:dr.dineshpatil3@gmail.com)

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### ABSTRACT

Skin is sense organ which is longest in human body, which covers the other organs. It is protective part of human body. Various environmental factors shows many pathological effects on skin also shows early physiological changes. Skin diseases are caused by infections like bacteria, fungi etc. All the skin diseases are in Ayurveda have been considered under the broad name called '*Kushta*'. there are two main types of *kushta* i.e. *Mahakushta* and *Kshudrakushta*. *Dadru* is one amongst them. It is *Raktapradoshaja vyadhi* and having *kapha, pitta* dominance. Due to equality of all symptoms *Dadru* can be correlated with *Tinea corporis* which is a fungal infection and it is caused due to poor hygienic conditions. Prevalence rate of superficial mycotic infection is 20- 25% according to WHO. Ayurveda provides long lasting results and better or healthy life to patients through basic principle like, *Shodhan* and *Shaman chikitsa*. Here we are reporting a 32-year-old male patient having symptoms of *Dadru kushta* since last 7-8 months. He was taken allopathic medicine for 1 month but after medicine is stop then again symptoms is raised. He was suffering from large round erythematous scaly patches, reddish round patches, itching, dryness, over buttock and thoracoabdominal region. Patient having no any past history of other chronic illness. The patient is treated with *panchakarma* i.e. *Vaman karma*

i.e. Emesis therapy followed by *shaman chikitsa* i.e. conservative treatment. Patient reported symptomatic improvement after the course of *Vaman karma*.

**Keywords:** *Panchakarma, Vaman, Dadru, Shodhana, Shamana, Tinea corporis.*

## INTRODUCTION

Human skin is considered, as the largest organ of the integumentary system due its external location and size makes it susceptible to various disorders. In recent years, there has been a considerable increase in the incidence of skin problem in the tropical and developing countries like India where the heat and humidity is high for most part of the year (1). Survey suggests that approximately 1-7 to 1-10 of all patient visits to a primary care physician is for skin problem (1). Fungal infections are varied and range from superficial infection with *Candida* species to life threatening infections of immunosuppressed individuals with *Aspergillus* species (2). generally, a fungal infection can be very superficial (stratum corneum, hair and nails) deep, involving skin by hematogenous spread. In synchronous science commonly used drugs are for topical use like, terbinafine, miconazole cream whereas for Systemic terbinafine griseofulvin and Itraconazole (3). But this treatment comes with major side effects e.g. rashes, hair loss, unpleasant taste, itching (4) etc. Also, patients suffer depression due to recurrence of the condition. Normal life of the patient hampers.

All the skin diseases in *Ayurveda* have been classified under the broad heading of '*Kushta*' which is considered as one of the *Ashtamahaga* and are further classified into *Mahakushta* and *Kshudrakushta*. *Dadru* is one of them(5)(6). *Acharya Charak* has explained *Dadru* in *Kshudrakushta* (6), whereas *Acharya Sushruta* and *Acharya Vagbhata* have included under *Mahakushta* (7)(8). *Vishamashana* (Incompatible food), *vegavidharana* (suppression of natural urges), *diwaswapa* (daytime sleeping), intake of *atilavana* and *atitikshna ahar* (excessive salty or spicy food), intake of contaminated food, after physical work drinking cold water or *atapsevana* (exposure to sunlight) are causative factors of *Kushta* (9). The main *lakshanas* of *Dadru* inclose *Kandu* (Itching), *Utsanna* (elevated circular lesions), *Mandala* (Circular Patches), *Raaga* (Erythema), and *Pidakas* (Papule). The samprapti of *Dadru* mainly obviate vitiation of *Pitta-kapha doshas* and *dushti* of *rasa* and *raktavaha strotas* (10). Due to equality of symptoms *Dadru* can be correlated with *Tinea corporis*, which is a fungal skin infection. The related fungi are dermatophytes capable of causing skin changes of the type

known as Tinea or ringworm or dermatophytosis or Mycosis (11).

The name *Panchkarma* literally means "Five Actions" namely *Vaman* (Emesis therapy), *Virechan* (Purgation therapy), *Niruham* (therapeutic decoction enema) *Anuvaasan* (therapeutic oily Enema) and *Nasyam* (therapeutic errhine). In other words, *Panchakarma* is a healing technique or a base on which Many of *Ayurvedic* techniques stand (12). *Ayurveda* treatment consist of two major specialities i.e. *Samshodana chikitsa* (bio-purification treatment) and *Samshamana Chikitsa* (Conservative treatment). *Panchakarma* treatment is basically a Bio Cleansing regimen or procedure intended to eliminate the toxic elements from the body. *Panchakarma* is a procedure in which vitiated, a *Utklishta Doshas* are expelled out through the nearest route just after *Snehana* and *Swedana* (13). *Vamana Karma* is one of them *Panchakarma*. It is the act of expelling *Doshas* through *Urdhvabhaga*. It is a procedure in which the orally administered drug acts on internally situated *Doshas*, especially on *kapha Dosh* and expels them out of the body through oral route. Here the patient was treated first with *Vaman* treatment and later *Shaman* medicines (Conservative) were administered. An excellent relief was observed in this case. An attempt has been

made to show efficacy of Ayurved management of *Dadru*.

#### Case study:

A 23-year-old male patient registered by the O.P.D. number 21004237 on the date of 15/02/2020 came to the O.P.D. no. 105 of Parul Ayurveda Hospital for taking shaman aushadhi and after explained the shodhana therapy then came at PAH and got admitted in *Panchakarma* Department on 01/03/2020, with IPD number 210705. He presented himself with the following complaints,

- Scaly Patches (*Matsyashakalopamam*) over buttock and groin region with red demarcation with *Mandalotpatti*.
- Reddish round or circular patches on chest and back region (*Mandalotpatti*),
- Elevated peripheral part of lesions
- Itching aggravating during night.
- Reddish Discolorations
- Suffering from the last 1 years.
- Had taken modern treatment with limited improvement and recurrence.

**Associated complaints-** Irregular evacuation of stools.

#### Past History

- No H/O- DM, HTN, TSH, Surgical Procedures.
- No F/H/O- Any skin disorder

#### On Examination

- General condition: Moderate
- Pulse rate: 82/min

- B.P: 120/80 mm of Hg
- R.R: 17/min
- H.R: 72/min
- Mala: Vibandha
- Koshtha: Madhyam
- Mutra: Regular
- Nidra: Disturbed due to Itching
- Kshudha: Samyak
- Jivha: Nirama

#### Systemic examination

- Respiratory System: - AEBE Clear
- Cardiovascular System: - S1S2 heard.
- CNS: - All superficial reflexes are intact, Patient is conscious and well oriented
- GIT: - Soft Abdomen, Bowel sound heard, No Pain or any other symptoms

#### Local examination

- Shape- Circular shaped lesion
- Size- Multiple Patches, no specific size. (Ranging from 5mm to 15cm too)
- Color- Blackish red
- Secretion-Absent (occasionally lasika srava)
- Elevation-Present (at periphery)
- Pain-Absent
- Inflammation-Absent

- Loss of Sensation- No

#### Samprapti Ghatak

- Dosh- Pitta Pradhana Kapha
- Dushya- Rasa, Rakta, Mamsa, Ambu
- Srotas- Rasavaha, Raktavaha, Mamsavaha, Svedavaha
- Srotodushhti- Sanga
- Ama- Sama
- Udbhavasthana- Amashaya
- Vyaktisthana- Inguinal region, Chest region, both buttocks.

After proper clinical examination, patient was diagnosed with *Dadru* and was advised to undergo *Vamana Karma*. i.e.

#### A.: Purva Karma

- **Deepana Pachana:** *Trikatu Choorna* - 3gm thrice a day, before food with luke warm water was given until *Nirama Lakshana* appears, there after the patient was given *Snehapana*.
- **Snehapana:** *Shodhananga Snehapana* with *Mahatikta ghrta* given to the patient in increasing dose pattern, until *Samyak Snigdha Lakshana* appears, i.e. from 01/03/2021 - 05/03/2021 *Snehapana* administered and daily *Jiryamana* and *Jirna Lakshana* of *Snehapana* noted.

#### DOSE OF SNEHAPANA:

Day	Date	Dose	Time	Hunger time
1	01/03/2021	30ml	7:00 AM	11:30 AM
2	02/03/2021	60ml	7:15 AM	02:15 PM
3	03/03/2021	90ml	7:00 AM	02:30 PM
4	04/03/2021	150ml	7:30 AM	04:00 PM
5	05/03/2021	190ml	7: 00AM	04:30 PM

- **Vishrama Kala:** On 06/03/2021, *Abhyanga* with *Nimba taila* followed by *ushanajala snana* was done for 1 day and *Kaphautkleshta Ahara* was given to the patient.
- **Pradhana Karma:** *Vamana Karma* Day i.e. - On 07/03/2021, first *Abhyanga* with *Nimba Taila* and *Ushna Jala Snana* was given to the patient. The patient was told and counselled regarding the procedure and Patient sign was taken on informed Consent Form.
  - **Vamana Dravya:** *Madhanphala Pippali Yoga (madanaphala pippalichurna 9gm, yashtimadhu churna 2gm, saidhava 1gm, madhu 10ml)* administered to the patient.
  - **Vamanopagadravya**– *Ksheer (2500ml), Yashtimadhuphanta (1000ml), Lavanjala and Koshnajala*

Time	Name of drug	Matra	Vega	Upa-vega	Output	Sign and symptoms	Vitals	complication
7:05A M	<i>Yavagu</i>	60gm					BP: 110/80mmHg P: 80/MIN.	
7:09A M	<i>Dugdha</i>	6 glasse s	1	2	<i>Dugdha + kapha</i>			
7:17A M	<i>Medicine Madhanphalapi p alli Churna) = 9gm, Yashtimadhu Churna = 2 gm, Saindhava Lavana = 1 gm and Honey= 10ml</i>						BP:130/80mmHg P: 96/min.	
7:20A M						<i>Sweda-pravarti, Lalastrav</i>	Bp130/80mmHg Pulse-90/min	
7:25A M	<i>Yashtimadhu phanta</i>	1glass	1	1	<i>Dugdha + kapha</i>			
7:27	"	1	1	1	"			
7:28	"	1	1	1	<i>Kapha+phanta</i>			
7:29	"	2	1		"	<i>Sweda-pravarti</i>		
7:32	"	3	1		<i>+ medicine</i>			
7:35	"	2	1		<i>Phanta</i>			
7:40	"	3	1		<i>Phanta+dugdha+kapha</i>		Bp140/80mmHg Pulse-105/min	
7:42	<i>Lavanodaka</i>	2		2	<i>Kapha+phanta</i>			
7:44	"	1		1	<i>Phanta</i>			
7:46	"	1	1		"			
7:47	"	2		1	<i>Udaka+phanta</i>			
7:49	"	2		1	<i>Udaka+kapha</i>			
7:50	"	1		1	"			
7:54	"	2		1	"			
7:56	"	3		1	"			
8:01	"	1		1			Bp120/80mmHg Pulse-88/min	

**Paschat Karma:** Ask to bed rest, Dhumapana given at 8:20AM which made by haridra, trikatu churna, murchita goghrita. After dhumapana Samsarjana Krama advised as per Shuddhi attained, i.e. Samsarjana karma for 7 days was advised to the patient, which contains 3 Anna Kala. In 1st Anna kala Peya was advised.

Gradually Ahara was changed (*Laghu to Guru Guna Pradhana*), finally normal diet was given in the evening of 7th day.

After the completed of Samsarjana krama, Shaman medicine was started (15/3/2021) to pacify the remaining vitiated Pittadi Doshas.

#### OBSERVATION AND RESULT:

Sr. no.	Medicine	Dose and Dosage	Duration
1	<i>Arogyavardhini vati</i>	2---2---2 (A/F)	15 days
2	<i>Panchatikta ghrta guggul</i>	2---2---2 (A/F)	15 days
3	<i>Gandhak rasayan</i>	2---2---2 (A/F)	15 days
4	<i>Manjistadi kashayam</i>	20ml---0---20ml(B/F)	15 days
5	<i>Gandhak Malahar</i>	For Local Application	15 days

Grade	Score
No Scaling	0
Mild Scaling by rubbing/by itching	1
Moderate scaling by rubbing/by itching	2
Severe scaling by rubbing/by itching	3
Scaling without rubbing/by itching	4

The patient took more time for deepan and pachana due to its amavastha upto 6 days. On vamana day 1<sup>st</sup> vega started at 07:09AM, last vega i.e. 8<sup>th</sup> vega at

7:46AM. Depending upon observations done during the whole Vamana therapy, below findings were noted.

Sr. no.	Vamana Karma	Remarks
1	Vaigiki	Uttam shuddhi i.e.8 vega
2	Maniki	Input: 11lit Output :12.5lit
3	Antiki	Kaphanta
4	Laingiki	Samyak Vamana Lakshan observed

#### Observations on Signs and Symptoms

##### Gradation Scales

##### Scaling (*Matsyashakalopamam*)

##### *Kandu* (Itching)

Grade	Score
No Itching	0
Occasional Itching	1
Frequent but tolerate itching	2
Very severe itching disturbing sleep and activity	3

**Vaivarna**

Grade	Score
Normal discolouration	0
Slight discolouration	1
Reddish discolouration	2
Slight reddish black discolouration	3
Black discolouration	4

**Pidaka**

Grade	Score
Absent	0
Disappears but discolouration persists	1
Pidaka in <5sq.cms. in whole of the affected area	2
Pidaka in between 5-10sq.cms. in whole affected area	3
Many or uncountable pidaka in whole of the affected area	4

**Utsanna mandala**

Grade	Score
Absent	0
Mild elevated lesion	1
Moderate elevated lesion	2
Severe elevated lesion	3

On the Basis of Result found during treatment, observations were quoted below (Gradation as per above tables),

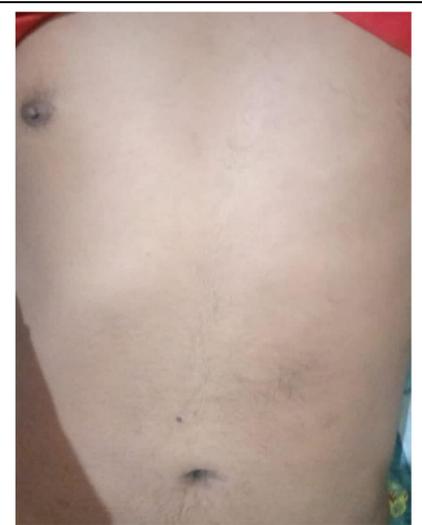
Lakshana	Before Snehapana (25/02/2021)	After Snehapana (05/03/2021)	First follow up (22/03/2021)
Scaling	3	1	0
Kandu	3	1	0
Utsanna mandala	2	0	0
Pidaka	2	1	0
Vaivarna	3	1	0



Before Snehapana (Deepan Pachana) (25/02/2021)



After Snehapana (05/03/2021)



First follow up (22/03/2021)



**DISCUSSION:**

*Acharya charaka* already said in kushta chikitsa adhyaya in chikitsastahna, In *vataja kushta*, firstly administer *ghritapana*, whereas *kaphaja kushta vama* procedure should be done and in *pittaja kushta*, *virechana* along with *rak tamokshana* should be first line of treatment (14).

The dosha which are pacified by *shodhana* never reoccur but those pacified by *Lamghana-Panchana* may reoccur. By *shodhana*, the *dosha's* will be detached from their root. By this, the chances of establishment of disease are nil (15).

In *Kushtha Chikitsa*, *Acharya Charaka* has recited that the vitiated *Doshas* should not be eliminated at a time. As the patient may not tolerate *Shodhana*. For the remaining *Doshas* after *Shodhana* treatment *Shaman* (Conservative) can be administered. Role of medicine used in *Panchkarma* procedures and *Shaman* medicine administered is discussed here.

**Purva karma-** The *Purva Karma* administered in the form of *Deepana-Pachana* and *Snehapana*. *Purvakarma* has the important role in separating the vitiated *Doshas* from the *Dushyas* i.e. *Srotas* in the body (*Dosha-dushya samurchana*). It also helps in bringing the vitiated *Dosha* from *Shakha* to the *Koshtha* area in the body

from where these vitiated *Dosha* can be removed from the nearest root of the body.

*Deepana-Pachana* with *Trikattu (maricha, pippali, shunthi)* is always the drug of choice for *Dipana* and *Pachana*. It helps to convert *Aama* into *Niramavastha*. As it is said '**Saman Doshan Na Nirharet**'. Also, this drug has *Kaphavatahara*, *Srotoshodaka* and *Pittakara* action. With *Srotoshadhana* it brings *Doshas* to *Koshtha* (16).

**Abhyantra Snehapana:** *Abhyantara Snehapana* (internal oleation) is the process of administration of *Sneha* internally for *Shodhana*, *Shamana* and *Brimhana* purpose. It's important to understand *samyaka snigdha lakshana* which are already described by *Acharyas* i.e., *Snehana* indicates *Snigdhatata* (unctuousness), *Vishyandan* (liquefaction), *Vilayana* (dissolution or diffusion) *Dalhanacharya* while commenting quotes *Vishyandanam Drava Srutihi, Mardavata* means softness. *Kleda* is moistness or wetness. Here *Kleda* signifies the increase of *Apya Guna* in the body (17) and as per these *Gunas* as the primary features of the assessment of *Samyak Snigdha* was done. It can be considered by unctuousness of the body, skin and stool (*Pureesha Twak* and *Gatra Snigdhatata*). *Vishyandana* is assessed by excretion of stool with or without *Sneha*, (*Snigdha Mala* and *Adhastat*

*Snehadarsana*). *Mardavata* is assessed by *Gatra Mardava*. *Kledana* was assessed by consistency of stool i.e., *Asamhat Varcha* (17). The *Doshas* has its own *Gati in body*, and in *Vyadhi Avastha* the *Doshas* will be aggravated and may be present in *Shakhas*. *Shodhana Chikitsa* (Purification therapy) aims to expulsion of this vitiated *Doshas* from the body either by *Urdhwamarga* i.e., *Vamana karma* or *Adhomarga* i.e., *Virechana karma* (18). In these case *snehapana* done with *Mahatikta ghruta* with increasing in dose. *Sharangdhar Samhita, acharya* Has described *Mahatikta ghruta* in *madhyam khand*.

In the *falashruti* of the *mahatikta ghrut* acharya has mentioned that it is a remedy majorly for *kushtha*. after studying guna of contents of *mahatikta ghrut*, it was selected for the treatment. All dravyas in the *ghrut* are *Tikta rasatmak*, *Madhur vipaki* and *Ushna viryatmak* so they have affinity towards *Rasa dhatu* and ultimately towards skin (19).

**Pradhan karma** – *Vaman* was performed as a *pardhana karma* here. Because *Dadru* being *Pitta Pradhan Kapha* Predominance, but the *Udbhavasthana* is *Amashaya*, best treated by *Vaman* procedure. A *Vaman* expels out the aggravated *dosha* and pushing them towards the *Urdhvabhaga* through the oral route. *Vaman* is a specific therapy for *KaphaDosha*. *Vamakadravyas*

by their guna and with *Vayu and Aakash Mahabhuta* dominancy helps in eliminating the morbid *doshas* from the *Shakha* to *Koshtha* and then expelled out from the body by oral route. Soothened *Doshas* will get liquefied and reaches to *Koshtha* by *Swedana*, which can be easily elected by action *Vaman* (20).

**Samsarjanakrama** – *Samsarjan krama* was advised to patient for 7 days according to 3 *Aana kala* considering the *Pravara Shuddhi* (Best *shudhi*). Due to *shodhan agni* got hampered So *Samsarjana krama* enhances ani as well as provide strength to the body after *Vaman* (20) Hence the patient was kept kept on *laghu, pathyaha* and discharged on 08/03/2021.

#### Internal medication:

- 1) **Arogyavardhini Rasa:** It is Herbomineral formulations. It is having *Kushtahara, Durmedahara, Kledahara, Dhatu Gata Amapachana, Raktaprasadana*, and also having *Dipana-Pachana* and *Kapha-Vata Shamaka* property, all these qualities are very much helpful for *Samprapti Vighatan* of *Kushta* (21).
- 2) **Panchatiktaghrut Guggul:** This is a very potent drug of choice in *Kushtha Adhikar* and this indicated in *Visham* and *Atiprabala Vata*. *Nimba, Kantakari, Vasa, Amruta, and Patola* are the contents of *Panch tikta*. Here in

Dadru though *Kapha* and *vata* are involved, to spread all these *Doshas* are carried by *Vata* itself. *Tikta Rasa* acts on *Vatadosha as well as Kapha doshas*. *Guggulu* is *yogavahi dravya*. Acts as *kandudhna, Kled, Vikrut Meda upshoshana, Vranashodhaka* (22).

- 3) **Gandhak rasayan:** It is having properties like *Kushtagna, Rakta Doshahara, Vishaghna, Vranasodhana, Ropana, Rakta-Tvakgata Vishahara, Durmedhohara, Rasayana, Dhatubalya*. all these properties are essential to treat *Dadru* (22).
- 4) **Manjistadi kashayam:** This medicine is mainly used in treatment of various skin diseases. *Manjisthadi kashaya* helps in natural purification of blood so can be used in skin disease. *Manjishtadi Kashayam* helps in blood detoxification and also dissolves the obstructions in blood flow (22).
- 5) **Gandhak Malahar:** It is an Ayurvedic medicine. It is an ointment based which is used to treat skin diseases such as ring worm infection, jock itch, tinea infection, allergic dermatitis, eczema etc. It contains, *Sikta taila, Gandhaka, Girisindura, Tankana Bhasma, Ghanasara*, etc. Its seed is anti-inflammatory, anti-fungal, anti-bacterial and effective in skin diseases (25).

## CONCLUSION

This case is documented evidence for the successful management of *Dadru Kushtha* which is of *Pittakapha pradhana* through *Shaman* and *Shodhana Chikitsa*. Repeated *Shodhana* should be administered to control the frequency of recurrence. The success of this case helped to increase hopes of the patient towards *Ayurved*. *Kushtha roga* cannot occur without vitiation of *tridoshas*. Since the disease manifestation starts from the *nidana*, first line of treatment should be *nidana parivarjana*. It stops in the more progression of diseases by restricting the vitiation of *doshas*. If the *nidana parivarjana* is not follow then go for proper *Yojana* of *Shodhana* and *Shaman* treatment are do, it helps to eradicate the disease from its root.

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