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CASE REPORT

Effect of Ayurvedic Drugs on Fungal Infection: A Case Report

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ABSTRACT

Fungal infections, moreover known as mycoses, are ailments caused by various classes of fungi that distress the skin, nails, mucous membranes, and internal tissues. These infections array from superficial conditions such as ringworm and candidiasis to unembellished systemic infections that can be life-threatening, predominantly in immune-compromised individuals. Common causative organisms embrace Candida, Aspergillus, Cryptococcus and dermatophytes. Aspects such as poor hygiene, sustained antibiotic use, diabetes, and weakened immunity surge susceptibility to fungal infections. Diagnosis is based on clinical investigation, microscopic appraisal, culture techniques, and molecular procedures. Early diagnosis and apt management are essential to prevent complications and mend patient consequences.

In modern medication, fungal infections are treated with antifungal remedies. In Ayurveda, fungal infections can be interrelated with conditions such as Dadru Kushtha and other skin disorders caused by the discrepancy of Kapha and Pitta doshas. Ayurveda accentuates treating the root cause through refinement therapies, dietary amendments, and the use of herbal medicines with antimicrobial and skin-healing properties such as Khadirarista, Swarna garika, Arogyawardhani, Gandhaka, local application of Brihata Marichayadi taila. Sustaining proper hygiene and a well-adjusted lifestyle is also considered important for preclusion. Here is a case study of 40-year-old male patient with complaints of itching, dryness, redness, inflamed skin, burning sensation with sometimes water discharge. The case is treated magnificently within 7 days with the given medication. An assimilated approach combining modern diagnosis with Ayurvedic principles may help in the active management of fungal infections. Increasing cognizance, preventive measures, and advances in antifungal therapy play a vital role in controlling the comprehensive burden of fungal diseases.

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• Candiasis • Dermatophytes • Dadru Kushtha • Immuno-Compromised • Mycosis

INTRODUCTION

Fungal infections are amid the most ubiquitous infectious diseases affecting the skin, hair, nails, and mucous membranes. They are caused by various pathogenic fungi, comprising dermatophytes, yeasts, and molds. Reliant upon the site and depth of involvement, fungal infections are broadly classified into superficial, cutaneous, subcutaneous, systemic, and opportunistic mycoses. Common superficial fungal infections embrace tinea corporis (ringworm), tinea cruris (jock itch), tinea pedis (athlete's foot), tinea capitis, and candidiasis. These infections are characterized by symptoms such as itching, erythema, scaling, pigmentation changes and distress.[1]

Ayurveda defines various skin ailments under the comprehensive category of Kushtha Roga. Although fungal infections are not cited as a separate ailment entity in classical Ayurvedic texts, their clinical manifestations can be interrelated with several Ayurvedic conditions. Tinea corporis and tinea cruris meticulously resemble Dadru Kushtha, characterized by circular erythematous lesions, severe itching (Kandu), and elevated borders. Candidiasis, exclusively involving moist body folds, may be correlated with Kaphaja Kushtha due to excessive moisture, discharge, and itching. Tinea versicolor, presenting as hypo or hyper pigmented scaly patches, may be associated with Sidma Kushtha, while chronic nail fungal infections (onychomycosis) can be correlated with manifestations of Kshudra Kushtha affecting the nails. These conditions are believed to arise due to the vitiation of Kapha and Pitta Doshas along with the involvement of Twaka (skin), Rakta (blood), and Mamsa Dhatu.[2]

Classical Ayurvedic transcripts describe Dadru as a Kapha-Pitta predominant disorder presenting with extreme itching, redness, circular lesions, and scaling, features that closely resemble ringworm infections. Ayurvedic management aims to reinstate dosha balance through Shamana (pacifying) therapies, Shodhana (purificatory procedures) when indicated, and appropriate dietary and lifestyle amendments. Herbal formulations possessing Kushtaghna (anti-skin disease), Kandughna (anti-pruritic), and Rakta Shodhaka (blood-purifying) properties are frequently engaged in treatment.[3]

The present case study reports the successful Ayurvedic management of a 40-year-old patient who presented with symptoms allusive of superficial fungal infection, including erythematous lesions, intense itching, burning sensation & sometimes water discharge. Based on Ayurvedic assessment, the condition was diagnosed as Dadru Kushtha and treated with a prescribed Ayurvedic regimen.

MATERIAL AND METHODS

Case Report-Patient Information

A 40-year-old male patient, resident of an metropolitan area, presented to the outpatient department of OPD number 6, Rajkiya Ayurvedic Mahavidyalaya evam Chikitsalaya, Chaukaghat, Varanasi (20/506) with chief complaints of obstinate itching (Kandu), redness (Erythema), and burning sensation over the affected skin area for the past few days. The patient also testified occasional watery discharge from the lesions, predominantly after scratching, along with episodes of skin dryness. On inspection, the affected area appeared inflamed, erythematous, and tender with signs of exasperation. The symptoms were associated with discomfort and an urge to scratch, leading to further aggravation of the lesions. Based on the clinical presentation, the condition was suggestive of a superficial fungal infection and was correlated with Dadru Kushtha described in Ayurvedic literature. The symptoms were deceptive in onset and gradually progressive in nature, particularly during the summer season, the patient reported that the itching was persistent leading to the burning sensation and mild oozing out of water from the affected areas.

***Past Medical History:** The patient has no history of hypertension, diabetes mellitus, tuberculosis, or foremost systemic illness was noted.

***Family History:** No family history of fungal infection, autoimmune disorders, or chronic dermatological conditions was reported.

***Personal and Social History:** The patient is a business man, non-smoker, with no alcohol consumption. Sleep disturbance due to constant itching and psychological stress due to visible inflamed patches on leg were reported. Dietary history revealed frequent intake of spicy and oily food, irregular meal timings, and inadequate water consumption.

***Allergic/Drug History:** No known drug allergy or history of long-term steroid use.

***Psychological Impact:** The patient conveyed feelings of discomfiture, petulance, and low self-esteem due to itchy red rashes all over the legs and social stigma associated with fungal infection.

CLINICAL FINDINGS:

General Conditions

- Patient was cognizant, complaisant, and well-oriented to time, place, and person.
- Appetite was normal.
- Bowel and bladder habits were regular.
- Sleep was disturbed due to itching, especially at night.
- Vital signs were within normal limits.
- No history of fever or systemic illness was present.
- General health was moderately affected because of persistent discomfort and itching.

Local Conditions

- Well-defined erythematous (reddish) blotches were present over the affected area.
- Passionate itching (Kandu) was reported by the patient. Burning sensation was present recurrently.
- Mild inflammation and redness were observed around the lesions. Redness and dryness of the skin were noted in some areas.
- Occasional watery discharge was present from excoriated lesions due to scratching. Margins of the lesions were elevated and clearly demarcated.
- Skin over the affected area appeared rough and red colored. No bleeding or ulceration was observed.

Ayurvedic Assessment-#Kandu (itching)

- Raga (redness)
- Daha (burning sensation) Pidika (mandala-like lesions)
- Twak vaivarnya (discoloration of skin)
- Timeline:
- Duration

12 months ago:

Patient developed a small itchy reddish patch in the ankle region. Mild itching was present, especially after sweating.

10 months ago:

Lesion gradually increased in size with redness and circular margins. Patient started using over-the-counter antifungal cream with temporary relief.

8 months ago:

Symptoms recurred after discontinuation of medication. Itching and burning sensation increased. Similar lesions appeared on adjacent skin areas.

6 months ago:

Lesions became more extensive with scaling and occasional watery discharge due to scratching. Sleep was disturbed because of severe itching.

4 months ago:

Patient consulted a physician and received antifungal treatment. Symptoms improved initially but relapsed within a few weeks.

3 months ago:

Persistent itching, redness, and dryness continued. Hyperpigmentation developed over previously affected areas.

2 months ago:

Lesions spread further with increased discomfort during hot and humid weather. Burning sensation became more frequent.

1 month ago:

Patient experienced recurrent episodes of itching, erythema, scaling, and inflammation despite previous treatments.

Day 0 (First Ayurvedic Visit):

Patient presented with severe itching (Kandu), redness (Raga), burning sensation (Daha), scaling, dryness, and occasional watery discharge. Diagnosed as Dadru Kushtha (fungal infection correlate).

After 1 Week of Ayurvedic Treatment:

Significant reduction in itching, redness, and burning sensation. Lesions started healing with no new spread of infection. Patient reported marked symptomatic relief. (Figure 1 a {before treatment} and Figure 1 b {after treatment)

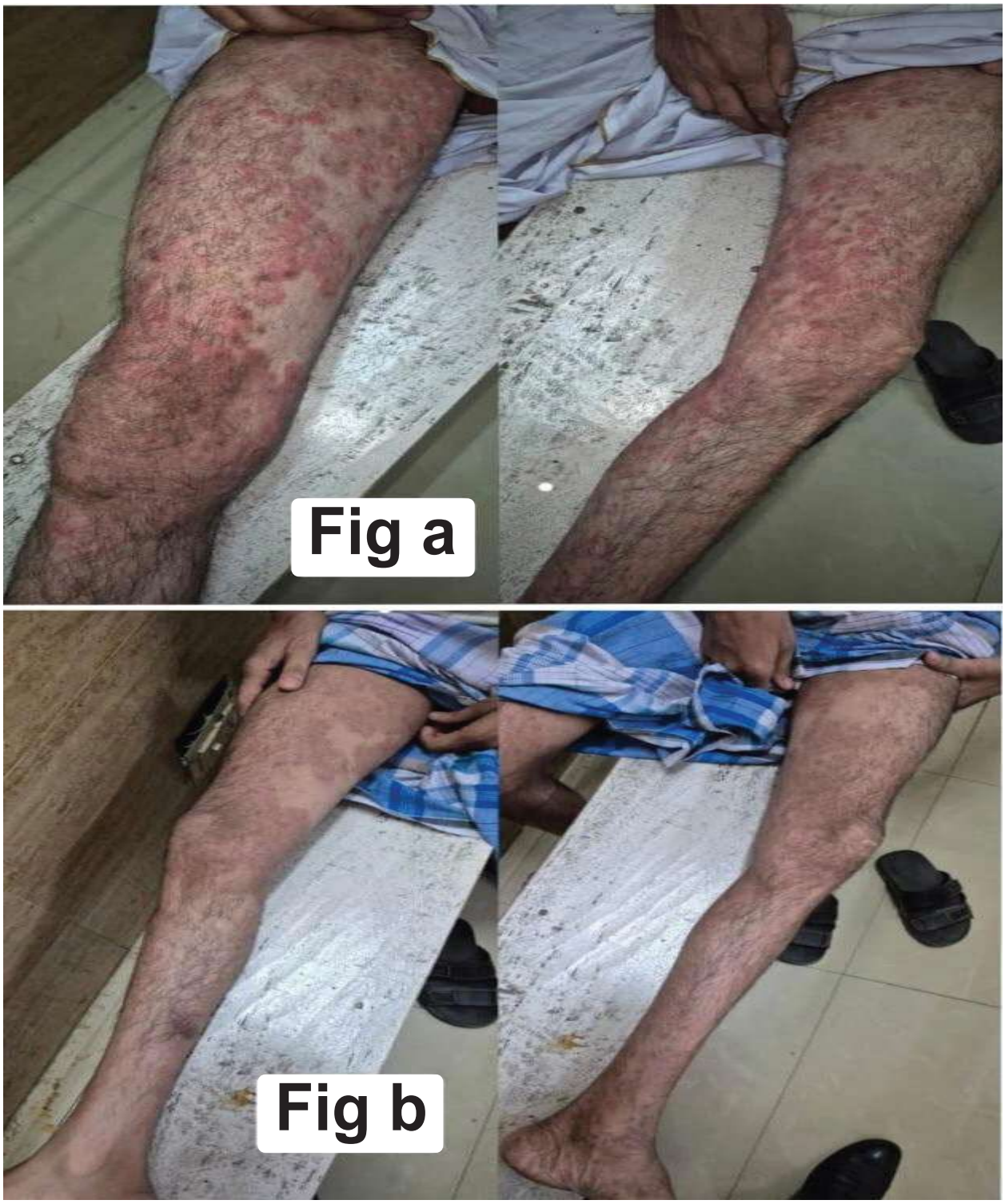

Figure 1a: Before treatment, **Figure 1b:** After treatment

DIAGNOSIS

Based on the patient's history of recurrent itching, redness, burning sensation, scaling, dryness, and occasional watery discharge, along with the presence of well-demarcated erythematous lesions, the condition was fungal infection.

According to Ayurvedic principles, the condition was correlated with Dadru Kushtha, characterized by Kandu (itching), Raga (erythema/redness), Daha (burning sensation), and Mandala-shaped lesions involving vitiation of Kapha and Pitta Dosha.

Differential Diagnosis:

The diagnosis is primary clinically based on appearance and distribution of erythematous plaques. However, the other conditions must be ruled out such as:

1. Eczema (Vicharchika)
   - Presents with itching, redness, scaling, and oozing lesions.
   - Usually lacks the characteristic ring-shaped border seen in fungal infections.
2. Psoriasis (Kitibha Kushtha/Eka Kushtha)
   - Characterized by well-defined plaques with silvery scales.
   - Itching may be present, but fungal microscopy is negative.
3. Contact Dermatitis-
   - Occurs after exposure to allergens or irritants.
   - Lesions are usually confined to the area of contact.
4. Candidiasis
   - Commonly affects moist skin folds.
   - Presents with redness and satellite lesions rather than ring-shaped plaques.
5. Seborrheic Dermatitis
   - Involves greasy scales and erythema, commonly on the scalp, face, and body folds.
6. Lichen Simplex Chronicus
   - Characterized by thickened skin due to chronic scratching.
   - Does not show the active spreading margin typical of dermatophytosis.

Final Diagnosis

- Modern Diagnosis: Fungal infection (Tinea corporis/Tinea cruris, depending on site involved)
- Ayurvedic Diagnosis: Dadru Kushtha

Assessment Criteria:

The outcome of the medication was assessed with periodic follow-up of the case. The changes in the subjective parameters were evaluated with special grading scale. (Table 1 & Table 2).

Table 1: Grading of symptoms

Parameter	Day 1	Day 7
Pruritus (Itching)	4	0
Erythema (Redness)	3	0
Scaling	3	0
Inflammation	3	0
Lesion Size/Extent	3	0

Table 2: Grading of symptoms as per ayurvedic classics

Parameter	Day 1	Day 7
Kandu (Itching)	4	0
Raga (Redness)	3	0
Daha (Burning)	3	0
Twaka Rukshata (Dryness/Scaling)	3	0
Srava (Discharge)	2	0

Therapeutic Interventions

A 40-year-old patient diagnosed with superficial fungal infection (correlated with Dadru Kushtha in Ayurveda) was treated with a combination of internal and external Ayurvedic medications for 7 days. (Table 3)

Table 3: Advised medicine and posology

Internal application			
Drug	**Dose**	**Frequency**	**Anupana**
Khadirarista	15 ml	Bd	15 ml water
Arogyawardhani vati	2	Bd	Lukewarm water
Swarna gairika	125 mg	Bd	Honey
Gandhaka	125 mg	Bd	Water

External application	Method of application
Brihata Marichyadi tail	Applied locally over the affected area twice daily after washing and drying the lesion.

Dietary Modifications (Pathya)

The patient was advised to:

- Consume freshly prepared light meals.

- Increase intake of green leafy vegetables and seasonal fruits.
- Drink adequate water throughout the day.
- Include barley, old rice, mung dal, and bitter vegetables in the diet.
- Maintain proper hygiene and cleanliness.

Foods to Avoid (Apathya)

- Excessively spicy, oily, fried, and junk foods.
- Curd, cheese, and fermented food items.
- Excessive sweets and sugar-rich foods.
- Cold drinks and refrigerated foods.
- Heavy and difficult-to-digest meals.

Lifestyle Modifications:

- Keep the affected area clean and dry.
- Wear loose-fitting cotton clothing.
- Avoid excessive sweating and prolonged moisture exposure.
- Change undergarments daily.
- Avoid sharing towels, clothing, and personal items.
- Maintain regular bathing and proper skin hygiene.
- Avoid scratching the lesions to prevent secondary infection and spread.
- Ensure adequate sleep and stress management.

OBSERVATION AND RESULT

The patient was evaluated on the basis of itching (Pruritus), Erythema (Redness), burning sensation, scaling, dryness, and discharge. On the first day of management, the patient presented with severe itching, marked erythema, moderate burning sensation, scaling, and occasional watery discharge from the affected area. The lesions were well-defined with signs of inflammation and discomfort.

Following the administration of Khadirarista, Arogyavardhini Vati, Swarna Gairika, Shuddha Gandhaka, and local application of Brihat Marichyadi Taila, gradual improvement was observed. By the third day, the intensity of itching and redness had reduced noticeably. On the fifth day, scaling and burning sensation were significantly diminished, and no further discharge was observed. By the seventh day, most clinical symptoms had subsided, and the lesions showed marked healing with reduction in inflammation and discoloration.

The overall response to treatment was tremendous, with approximately 90–100% symptomatic relief by the seventh day. No adverse drug reactions were reported during the treatment period. The prescribed Ayurvedic regimen proved effective in managing the signs and symptoms of fungal infection (Dadru Kushtha), resulting in speedy clinical recovery and enhancement in the patient's eminence of life.

DISCUSSION

Fungal infections are among the most common dermatological disorders and are characterized by itching, • Erythema• Scaling • Burning • Sensation and • Recurrent • Lesions.[4]

In Ayurveda, the clinical features of this condition closely resemble Dadru Kushtha, a type of Kshudra Kushtha predominantly involving vitiation of Kapha and Pitta Dosha along with the involvement of Twaka (skin), Rakta, and Mamsa Dhatu.[5]

In the present case, the patient had a one-year history of recurrent fungal infection with symptoms of severe itching, redness, burning sensation, scaling, dryness, and sporadic discharge. Despite previous treatments, the condition relapsed repeatedly. Therefore, an Ayurvedic treatment regimen aimed at Kapha-Pitta shamana, Rakta shodhana, and Kushtaghna action was planned.

1. KHADIRARISTA[6]

It is well acknowledged for its Kushtaghna, Kandughna, and Raktashodhaka assets. It decontaminates the blood, eases itching, and supports the restorative of skin lesions. Action on doshas - Balances pitta dosha (cooling & astringent nature, pacify pitta which is commonly associated with skin disorders and inflammatory); Balances Kapha dosha (it also helps reduce kapha due to its drying and detoxifying properties)

Key ingredients and their actions:

Ingredients	Actions	Rasa,Virya,Vipaka	Karma
Khadira[7] (Acacia catechu)	Main herb, detoxifying and anti-inflammatory	Kashaya, Tikta, Sheeta, Katu	Kushtaghna, Raktashodhaka
Triphala[8] (amalaki-Emblica officinalis, haritaki-Terminalia chebula, Vibhitaki-Terminalia bellirica	Antioxidant and rejuvenating	Tikta, Kashaya, Sheeta, Madhura	Rasayana, Deepana-Pachana, Shothahara
Daruharidra[9] (Berberis aristata)	Anti-microbial and anti-inflammatory	Tikta, Katu, Sheeta, Katu	Kushtaghna, Raktaprasadana
Lodhra[10] (Symplocos racemosa)	Blood purifier, anti- oxidant	Kashaya, Sheeta, Katu	Ropana, shothahara, Raktastambhaka
Dhataki[11] (Woodfordia Fruticosa)	Regenerates tissue, control bleeding	Kashaya, Madhura, Sheeta, Madhura	Grahi, Raktaprasadana, Sandhankara

AROGYVARDHANI VATI[12]

Arogyavardhani Vati possesses Deepana, Pachana, and Rakta-prasadana assets, which help to correct underlying metabolic conflicts and aid the elimination of vitiated Doshas.

Action on doshas * Balances pitta dosha (acts on liver &blood related pitta imbalances); Reduces Kapha dosha (helps with metabolism, fat reduction and congestion); Mildly balances Vata (indirectly by correcting Agni (digestive fire) and removing toxins.

Key ingredients and their actions:

Ingredients	Actions	Rasa,Virya,Vipaka	Karma
Katuki[13] (Picrorhiza Kurroa)	Liver stimulant, purgative	Tikta, Ushna, Katu	Bhedana, rechana
Shuddha Parada[14]	Rasayana, detoxifier, enhances efficacy	Sadras, Sheeta, Madhura	Rasayana, yogawahi
Gandhaka[15]	Rasayana, detoxifier	Madhura, Ushna, Katu	Rasayana, kandughna
Tamra bhasma[16] (Copper Ash)	Treat liver and cholesterol disorders	Katu, Ushna, Katu	Lekhana,kaphhara, deepana-pachana
Abhraka Bhasma[17] (Mica Ash)	Strengthen metabolism	Kashaya, Sheeta, Madhura	Rasayana, balya, dhatu-poshaka
Loha bhasma[18]	Immunity and vitality	Kashaya, Sheeta, Madhura	Rasayana, balya
Triphala[8]	Improves digestion and absorption	Tikta, kashaya, Sheeta, Madhura	Rasayana, deepana-pachana, shothahara
Shilajiat[19] (Asphaltum Punjabianum)	Rejuvenating, Anti-Aging	Katu, Tikta, Kashaya, Ushna, Katu	Rasayana, Yogwahi, Medohara, Balya
Neem[20] (Azadirachta Indica)	Blood Purifying, Anti-Inflammatory	Tikta, Sheeta, Katu	Kushtaghna, Rasayana Anulomana, Amapachana
Guggul[21] (Commiphora Mukul)	Astringent, anti-septic, expectorant	Tikta, Ushna, Katu	Rasayana, Sothhara
Chitra (Riccinus Communis)[22]	Anti-oxidant, wound healing	Madhura, Ushna, Madhura	Bhedaniya, Kusthagna

3. Shuddha Gandhaka & Swarn Gairik

It is traditionally indicated in various skin disorders because of its Kushtaghna, Krimighna, and Kandughna actions. It helps alleviate itching and promotes healthy skin regeneration. It possesses Pitta-shamaka and Daha-hara properties, thereby reducing burning sensation, inflammation, and erythema.

Action on doshas: *Vata-Kapha Shamaka helps balance aggravated Kapha and Vata doshas.

*Pitta Shamaka helps to mitigate aggravated pitta rakta dosha

Key ingredients and their actions:

Ingredients	Actions	Rasa,Virya,Vipaka	Karma
Suddha Gandhaka[15]	Elevate Skin Disease, Reliefs, Itching, Antimicrobial, Detoxifying	Madhur, Katu Ushna Katu	Kushtaghna, Raktaprasadana Kandughna, Krimighna, Vranaropana,
Swarna Gairika[23]	Relieves burning sensation, hemostatic	Madhura, Sheeta Madhura	Dahahara, raktastambhaka, shothahara

Brihata Marichyadi Taila[24]

Local application of Brihata marichyadi taila provided direct action on the affected skin. Owing to its Kushtaghna, Kandughna, and Krimighna properties, it helped reduce fungal growth, itching, scaling, and inflammation while promoting lesion healing.

Action on doshas-kapha_vata Shamaka reduces cough, predominance responsible for Kandu, kleda and fungal proliferation, reduces vata associated with dryness and roughness of skin.

Key ingredients and their actions:

Ingredient	Actions	Rasa,Virya,Vipaka	Karma
Maricha[25] (Piper Nigrum)	Antimicrobial, Detoxifying	Katu, Ushna, Katu	Kushtaghna, Kandughna, Krimighna,
Pippali[26] (Piper Longum)	Anti-Microbial, Anti-Inflammatory	Katu, Anushna, Madhura	Srotoshodhaka, Kapha Hara
Vidanga[27] (Embelia Ribes)	Antifungal, Anti-Bacterial, Anti-Parasitic, Antioxidant	Katu, Tikta, Kashaya Ushna, Katu	Krimighna, Kushtagna
Chitraka[28] (Plumb Ago Zeylanica)	Anti-Inflammatory, Antimicrobial, Antioxidant	Katu, Ushna, Katu	Deepana, Pachana, Rasayana
Nimba[20] (Azadirac Hta Indica)	Antifungal, Anti-Bacterial, Anti-Inflammatory	Tikta, Kashaya, Sheeta, Katu	Raktashodhaka, Kushtaghna
Daruharidra[9] (Berberis Aristata)	Broad-Spectrum Antimicrobial, Antifungal	Tikta, Kashaya, Ushna, Katu	Kandughna, Shothahara
Haridra[29] (Curcu Ma Longa)	Anti-Inflammatory, Antimicrobial, Antioxidant, Wound Healing	Tikta, Katu Ushna, Katu	Krimighna, Vranaropana
Khadira[7] (Acacia Catechu)	Skin Protective, Antioxidant	Kasha Ya Sheeta Katu	Kushtaghna, Raktashodhana
Rakta Chandana[30](Pterocapus Santalinus)	Aphrodisiac, Anti-Oxidant	Tikta, Sheeta, Katu	Vrishya, Kandughna
Kutaja[31] (Holarrhena Antidysentrica)	Antimicrobial, Anti-Inflammatory	Tikta, Kashaya Sheeta Katu	Krimighna
Sirisha[32] (Albiz ia lebbeck)	Anti-Allergic, Anti-Inflammatory, Anti-Antioxidant	Kashaya, Tikta Madhura Sheeta, Katu	Vishaghna, Kandughna
Devadaru[33] (Cedrus deodara)	Antimicrobial, Antipruritic, Anti-Inflammatory	Tikta, Katu Ushna, Katu	Kandughna, Shothahara
Sarshapataila[34] (Brassica juncea)	Antimicrobial, Antifungal, Improve Local Circulation	Katu, Tikta Ushna, Katu	Kandughna, Krimighna, Srotoshodhaka

Dietary and lifestyle modifications played an important supportive role in the management of the disease. Avoidance of excessively oily, spicy, fermented, and sweet foods helped prevent further aggravation of Kapha and Pitta Dosha.

Maintenance of personal hygiene, keeping the affected area dry, and wearing loose cotton clothing minimized moisture retention and prevented recurrence.

A significant reduction in itching, erythema, burning sensation, scaling, and discharge was observed within seven days of treatment. The rapid clinical improvement suggests that the combined internal and external Ayurvedic therapy effectively managed the symptoms

of Dadru Kushtha (fungal infection). The case highlights the potential role of Ayurvedic interventions in the successful management of superficial fungal infections.

CONCLUSION

The present case report highlights the effectiveness of Ayurvedic management in the treatment of superficial fungal infection, which can be correlated with Dadru Kushtha described in Ayurvedic literature. A remarkable improvement was observed during the seven-day treatment period. There was a progressive reduction in itching, redness, burning sensation, scaling, and discharge, with near-complete resolution of symptoms by the end of the treatment. The patient reported significant relief and improvement in overall comfort without any adverse reactions to the prescribed medications. The clinical outcome suggests that the combined action of the selected Ayurvedic formulations effectively addressed both the local manifestations and the underlying doshic imbalance responsible for the disease.

Although the results obtained in this single case are encouraging, larger clinical studies and controlled trials are required to further validate the efficacy of these Ayurvedic interventions and establish their role in the comprehensive management of fungal infections.

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