Case Report

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SYNERGISTIC ROLE OF SHODHANA AND SHAMANA CHIKITSA IN THE MANAGEMENT OF DERMATOPHYTOSIS WITH SECONDARY PYODERMA: A CASE REPORT

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ABSTRACT

Dermatophytosis is one of the commonest superficial mycoses, often complicated by secondary bacterial infection (pyoderma), leading to delayed healing, recurrence and patient distress. Ayurveda correlates this condition with Dadru Kushtha caused by vitiation of Kapha andPitta Dosha along with Rakta Dhatu. A combined approach using Shodhana (bio-purification) and Shamana (~ palliative) therapies may provide better patient outcomes through symptomatic relief and elimination of the root cause. A 52-year-old male patient presented with complaints of extensive multiple compounds, diffuse circular blackish dry erythematous, intensely pruritic crusts, and oozing lesions over the face, scalp, neck, both forearms and bilateral feet below the ankle region for the last 3 years, unresponsive to systemic and topical antifungal treatment. These lesions were associated with pustules, pus discharge and a burning sensation in some areas, suggestive of secondary pyoderma. The patient was prescribed a poly herbo-mineral combination of internal medications, along with Panchvalkala Kashaya, Haridra and Daruharidra Kwath bath followed by application of Jatyadi Tail. After resolving the secondary infection, the patient underwent Vamana Karma (~ therapeutic emesis), followed by Shamana Chikitsa. The patient achieved complete symptom relief, with pigmentation reduced, in 50 days. Dadru assessment score also reduced to 0 from 10 after treatment. This case highlights the potential of integrative Ayurvedic management for effective and sustainable results in Dermatophytosis with secondary Pyoderma.

Keywords: Dermatophytosis, Pyoderma, Dadru, Shodhana, Ayurveda, Case report.

INTRODUCTION

Dermatophytosis, a common superficial fungal infection, has a higher incidence in countries like India due to high humidity and warm temperatures. According to the World Health Organization (WHO), dermatophytosis remains one of the most common fungal infections worldwide, affecting millions of individuals across different age groups. Incidence is notably high in tropical and subtropical regions because warm, humid conditions promote fungal growth. Poor hygiene, excessive sweating, immunosuppression, and close contact with infected individuals further contribute to its widespread occurrence. India reports high rates, with community studies showing 6-62% prevalence, up to 61.5% in northern areas and 6-28% in southern regions. A 2024 North India hospital study of 1,520 patients found tinea corporis (41%) and tinea cruris (31%) most common, with 80% KOH positivity and 18% recurrence.[1]

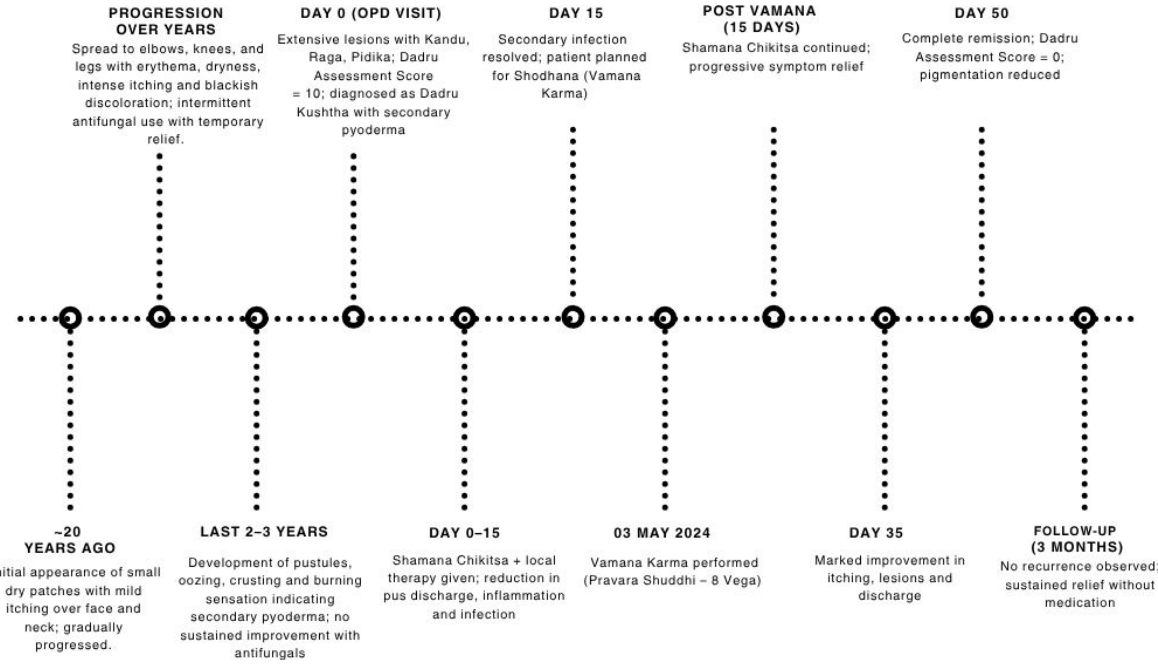
From an Ayurvedic perspective, dermatophytosis symptoms are analogous to Dadru. Dadru is categorised under Kshudra Kushtha[2] and is primarily attributed to an imbalance in the Kapha and Pitta Dosha[3]. Aggravation of these Dosha leads to vitiation of Rakta and Twak, resulting in characteristic circular lesions, itching, and pustules. Classical Ayurvedic texts such as Charaka Samhita and Sushruta Samhita describe various herbal formulations, dietary modifications, and purification therapies (Shodhana) to manage Dadru effectively. Therapies such as Panchakarma, Khadirarishta, and topical applications of Haridra (*Curcuma longa* L.) and Neem (*Azadirachta indica*) have traditionally been used to treat it.

Patient Information

A 52-year-old male patient, a farmer by profession, visited OPD No. 3 of Kriya Sharir Department at the National Institute of Ayurveda, Jaipur, India, with complaints of multiple compound, diffuse, circular dry, blackish, erythematous, intensely pruritic, and oozing lesions over the face, scalp, neck, both forearms and bilateral feet below the ankle region for the last 3 years, unresponsive to systemic and topical antifungal treatment. He also experienced a reduced appetite, constipation, and disturbed sleep due to severe itching. On examination, the lesions appeared brownish-red in colour (~Raga) due to intense scratching (~Kandu), with annular lesions and raised edges (~Udgatam Mandal). In some areas, they were dry (~Ruksha) and had rough vesicles and pustules (~Pidika). Most lesions exhibited pus discharge, crust formation and were accompanied by a burning sensation suggestive of secondary pyoderma. A detailed history revealed that the patient gradually developed erythematous discolouration on his face and the back of his neck. These patches progressively spread to his elbows, knees, and lower legs. This was followed by dryness and mild itching in the affected areas, which progressively intensified. Eventually, the skin darkened into blackish lesions, leading to peeling, and some lesions showed serosanguineous discharge and a burning sensation. The lesions started 20 years ago as small, excessive dry patches and gradually developed erythematous discolouration on his face and the back of his neck, later becoming associated with intense itching. Severe scratching would result in bleeding. The patient used topical antifungal creams, but the lesions reappeared immediately after discontinuing the treatment. Scratching led to secondary

infection, a burning sensation, and purulent discharge from the lesions for 2 years. The condition caused significant emotional distress, impacting his work performance and social interactions. There was no family history, past medical conditions, addictions, drug allergies, or systemic disorders. Ayurveda diagnosed the patient with Dadru Kushtha. Pustules were the predominant lesion type, reflecting the typical presentation of secondary pyoderma in patients with chronic dermatophytosis.[4,5]

Timeline



Therapeutic Intervention

The patient was treated on OPD and IPD basis. The patient showed signs of secondary pyoderma. The affected areas showed pus oozing, foul-smelling discharge, increased redness, swelling, and tenderness, indicating bacterial superinfection over the primary fungal lesions. Considering the patient's secondary pyoderma and emotional distress, an initial conservative approach with Shamana Chikitsa was planned. Vamana was planned to eliminate vitiated Dosha followed by Shamana Chikitsa again, ensuring comprehensive and long-term management. Details of therapeutic interventions are summarised in (Table 1 and 2). The improvement in the Clinical symptoms and Dadru Assessment Score is summarised in Tables 4 and 5.

At the 50th-day follow-up, the patient showed complete remission of symptoms such as Kandu, Rukshta and Krshna Varna after the treatment. The Dadru assessment score reached zero, denoting complete recovery. No ADR /ADE occurred during the entire course of treatment.

Treatment prescription after 15 days

After the remission of the secondary infection, Shodhan treatment was planned for the patient.

Table 1: Posology of drugs given

Drug	Dose	Anupana		Time	Duration
Tab Kaishore Guggulu	250 mg	With water	lukewarm	BD BF	15 days
Tab Panchtikt Ghrita Guggulu	250 mg	With water	lukewarm	BD BF	15 days
Panchnimba Churna Rasmanikya Arogyavardhani Vati	2 g 125 mg 250 mg	With water	lukewarm	BD AF	15 days
Triphala Churna KutakiChurna	3 g 500 mg	With water	lukewarm	HS AF	15 days
Panchvalkal Kashay + Haridra Daruharidra	Quantity sufficient	-		For washing lesions	15 days
Jatyadi Tail	Quantity sufficient	-		For local application	15 days

Table 2: Details of Vamana procedure

Name of Karma	Drug used	Dosage	Aushadha Sevana Kala
Purvakarma (initial procedure - Total duration 15 days) 17 April 2024 – 01 May 2024			
Deepan and Pachan 17 April 2024 – 26 April 2024	Triphala Choorna Vidanga Choorna Shankha bhasma	2 g 1g 500 mg	Before food with lukewarm water
Abhyantara Snehana, empty stomach with lukewarm water (27 April 2024 - 1 May 2024)	Mahatiktaghrita	30 ml – 1st day 60 ml – 2nd day 90 ml- 3rd day 100 ml- 4th day 100 ml- 5th day	at 6.00 am at 6.05 am at 6.00 am at 6.05 am at 5:30 am

Sarvang Abhyang Swedan (2 May 2024 – 3 May 2024)	Dashmool Tail Abhyangarth	Sufficient quantity	Between 8-10 am
Pradhana Karma (main procedure: Vaman): On 3 May 2024			
Administration of Vaman Yoga	Madanphala Pippli Churna Vacha Saindhav Madhu	5 gm 2 gm 1 gm 5 gm	Pravar Shuddhi 8 vega
Samsarjan Karma (post procedure of dietetics and behavioural restriction): 7 days recommended (3 May2024 - 9 May 2024)			
Days 1st day	Morning Vaman	Evening Peya (thin rice gruel)	Days 1st day
2nd day	Peya (1 part rice and 14 parts water)	Peya (1 part rice and 14 parts water)	2nd day
3rd day	Vilepi (thick rice gruel)	Vilepi (1 part rice and 4 parts water)	3rd day
4th day	Vilepi (1 part rice and 4 parts water) Akrita Yusha (a soup prepared by boiling the green gram without salt) Akrita Yusha (green gram soup)	Akrita Yusha (green gram soup)	4th day
5th day		Krita Yusha (fried soup of green gram)	5th day
6th day	Krita Yusha (fried soup of green gram)	Krita Yusha (fried soup of green gram)	6th day
7th day		Samanya Bhojan (Normal Diet)	7th day
8 May 2024	Patient was discharged with no burning sensation, no oozing and no itching and there was proper relief in lesions of bilateral hands and legs.		

Shamana Chikitsa

For Shamana Chikitsa (palliative treatment), the patient was prescribed Kaishore Guggulu, Panchatikta Ghrita Guggulu, Panchnimba Churna, Arogyavardhani Vati, Rasmanikya, Triphala Churna and Kutaki Churna for internal use. Panchvalkal Kashay + Haridra Daruharidra and Jatyadi Tail was advised for local application to manage skin lesions and enhance healing.

Follow-up was conducted over 15 days with continued administration of Shamana Aushadhi. After that, the patient was monitored for an additional three months without medication to assess side effects or lesion recurrence, helping evaluate the long-term effectiveness and sustainability of the treatment.

Table 3: Gradation of subjective parameters[6]

Gradations	Grade 0	Grade 1	Grade 2	Grade 3
Kandu	Absent	Mild or Occasional Itching	Moderate or Frequent Itching	Severe Itching
Utsanna mandala	Absent	Mild elevated lesion	Moderate elevated lesion	Severe elevated lesion
Pidikas	Absent	1-3 eruptions	4-7 eruptions	> 7 eruptions
Raaga	Absent	Present		

Table 4: Assessment done before, during, and after treatment

Gradations	On Day 0	On Day 15	On Day 35	On Day 50
Kandu	3	3	2	0
Utsanna mandala	2	2	1	0
Pidikas	4	2	2	0
Raaga	1	1	0	0

Figure 1: Clinical photograph of the patient's lesions (Original) before treatment

Figure 2: Clinical photograph of the patient's lesions (Original) after Vaman

Figure 3: Clinical photograph of lesions of the patient (Original), after follow-up of 3 months

Table 5: Probable mode of action of Drugs

Drug/ Formulation	Key Ingredients (with Latin names)	Probable Mode of Action
Arogyavardhini Vati	Chitraka (*Plumbago zeylanica* L.), Haritaki (*Terminalia chebula* Retz.), Katuki (*Picrorhiza kurroa* Royle ex Benth.), Nimba (*Azadirachta indica* A. Juss.)	Promotes Koshta Shuddhi and restores Agni. Deepana provides by Chitraka (enhancing digestion and correcting Agnimandya), Anulomana[7] Karma by Haritaki - facilitates proper movement of Apana Vayu by breaking down and eliminating undigested food), Bhedana[8] by Katuki - disintegrate and expel Pindakrita Mala from the body). Nimba Kwatha reduces Kleda and purifies Rakta due to Tikta Rasa dominancy. Useful in Kushtha; administered for one Mandala (48 days).[9]
Panchatikta Ghrita Guggul[10]	Nimba (*Azadirachta indica*), Guduchi (*Tinospora cordifolia*), Vasa (*Adhatoda vasica*), Patol (*Trichosanthes dioica*), Nidigdhika (*Solanum virginianum*), Guggul (*Commiphora mukul*)	Exhibits Kandughna, Kleda-shoshana, Medoshamaka, Vranaropana actions. Antioxidant, anti-inflammatory, immunomodulatory. Ghrita enhances lipophilic delivery → reduces keratinization and improves cell turnover. Overall, it alleviates Kandu, Pidika, Kleda, Raga, and Mandala, thereby restoring normal skin texture.[11]
Kaishore Guggulu	Amalaki (*Phyllanthus emblica*), Vibhitaki (*Terminalia bellirica*), Haritaki (*Terminalia chebula*), Guduchi, (*Tinospora cordifolia*) Pippali (*Piper longum*), Shunthi (*Zingiber officinale*), Nishoth (*Operculina turpethum*), Danti (*Baliospermum solanifolium*)	Acts as blood purifier, anti-inflammatory, antibacterial, antiallergic. Useful in skin disorders, wounds, and a natural blood cleanser. Promotes skin health and detoxification.[12]
Panchnimba Churna[13]	Nimba (*Azadirachta indica*), Chakramarda (*Cassia tora*), Chitraka (*Plumbago zeylanica*), Bhallataka (*Semecarpus anacardium*), Vidanga (*Embelia ribes*)	Tikta-Kashaya dominant; Kapha-Pittahara.[14,15] Exhibits Kushtaghna, Krimighna, Kandughna, Raktashodhaka (via Chakramarda[16], Vidanga[17]). Nimba adds Kushtaghna, Krimighna, Kandughna, Raktashodhaka, Vranaropana, Vishaghna, and Shophahara actions, along with proven anti-inflammatory, antimicrobial, antifungal, antidiabetic, and wound-healing activities. Its bioactive compounds (quercetin, sitosterol, etc.) contribute to antimicrobial effects.[18]

Ras Manikya	Processed mineral formulation with Nimba Kwatha Bhavan.	Ras Manikya acts in Dhatu-Gata Kushtha by nourishing and revitalizing affected Dhatu, exhibiting antimicrobial, detoxifying, and immunomodulatory effects that prevent recurrence while restoring skin integrity, complexion, and overall vitality.[19i]
Triphala[20]	Haritaki (*Terminalia chebula*), Amalaki (*Phyllanthus emblica*), Vibhitaki (*Terminalia bellirica*)	Tridoshahara; Deepana, Anulomana. Improves Agni and relieves constipation. Supports detoxification and metabolism.
Kutaki	*Picrorhiza kurroa* Royle ex Benth.	Exhibits Bhedana Karma, facilitating elimination of compacted Mala (Pindakrita Mala). Improves digestion and metabolism.
Panchavalkal Kashaya[21]	Nyagrodha (*Ficus benghalensis*), Udumbara (*Ficus racemosa*), Ashwatha (*Ficus religiosa*), Parisha (*Thespesia populnea*), Plaksha (*Ficus lacor*)	Kashaya Rasa[22] dominant with Sheeta Guna; exhibits Twak Prasadaka, Vrana Shodhaka, and Ropaka actions[23], along with anti-inflammatory, analgesic, and antimicrobial properties due to flavonoids, phytosterols, and tannins, aiding in wound healing and reducing discharge.[24,25]
Jatyadi Taila	Haridra (*Curcuma longa*), Daruharidra (*Berberis aristata*), Jati (*Jasminum auriculatum*), Neem (*Azadirachta indica*), Yashtimadhu (*Glycyrrhiza glabra*), Manjishtha (*Rubia cordifolia*)	Tikta–Kashaya predominant; exhibits Pittahara, Raktashodhaka, and Vranaghna actions, promoting wound cleansing and healing, while its ingredients such as Haridra, Daruharidra, Neem, Manjishtha, and Yashtimadhu provide anti-inflammatory, antimicrobial, and skin-rejuvenating effects, aided by bioactive constituents like curcumin, berberine, glycyrrhizin, quercetin, and gallic acid. [26-31]
Haridra and Daruharidra	*Curcuma longa* L., *Berberis aristata* DC.	Contain curcumin and berberine; provide antimicrobial, anti-inflammatory, and wound healing effects similar to Jatyadi Taila.

Table 6: Shodhana Chikitsa Protocol and Its Probable Mode of Action in Kushtha

Stage	Procedure	Probable Mode of Action
Purva Karma	Deepana–Pachana (10 days)	Enhances Agni, promotes Ama Pachana, improves digestion and prepares body for Snehapana; supports bile secretion, metabolism and gastric acid production, thereby ensuring proper digestion and assimilation of Ghrita during Snehapana.[33]
	Abhyantara Snehana (Mahatikta Ghrita – 5 days)	Exhibits Kusthaghna, Kapha–Pittahara action; Sneha mobilizes Dosha from Shakha to Koshtha facilitating elimination.
	Sarvanga Swedana (2 days)	Causes Doshavilayana, removes Srotorodha, and enhances movement of Dosha towards Koshtha.
Pradhana Karma	Vamana Karma	Primarily eliminates vitiated Kapha–Pitta Dosha from Koshtha; Vamanopaga Dravya with Ushna, Tikshna, Vyavayi, and Vikasi properties enable rapid absorption and systemic distribution via Hridaya and Strotas[34], facilitating cellular-level detoxification, while Vamak Dravya (Agni–Vayu predominant) exert Urdhwabhagahara Prabhava for expulsion of Dosha, achieving Pravara Shuddhi (8 Vegas), followed by Dhoompana and Samsarjana Krama to restore Agni.
Pashchat Karma	Virechanika Dhoompana	Clears residual Dosha and supports respiratory and systemic cleansing.
	Samsarjana Krama (7 days)	The patient was then advised to follow Samsarjana Krama for seven days, with two Annakala per day. Samsarjana krama for 7days with 2 Annakala was explained to the patient in the form of Peya, Vilepi, Yusha, Krut–akruta Yusha followed by normal diet.[35]

RESULT AND DISCUSSION

Dermatophytosis is a common superficial fungal infection, more prevalent in tropical countries like India due to hot, humid climatic conditions. In the present case, occupational exposure (farmer), excessive sweating, and contact with soil and animals acted as major Nidana. Faulty dietary habits such as Vishamasana and intake of spicy food with curd, along with Vega Pratighata and improper lifestyle practices, contributed to disease aggravation.

According to Ayurveda, these factors lead to Mandagni, resulting in Ama formation and vitiation of Kapha–Pitta along with Rakta Dushti, ultimately manifesting as Dadru Kushtha. Recurrent use of antifungal therapy provided only temporary relief, while repeated scratching and compromised skin integrity predisposed the patient to secondary bacterial infection (pyoderma).

Management followed Nidana Parivarjana, along with a combined approach of Shamana, Shodhana, and Bahirparimarjana Chikitsa. Initial Shamana therapy controlled infection and inflammation, followed by Vamana Karma to eliminate vitiated Dosha, and subsequent Shamana therapy for sustained recovery. A significant reduction in Dadru Assessment Score from 10 to 0 within 50 days highlights the effectiveness of this integrative approach.

Shodhana therapy is an important approach in managing Kushtha, as it helps cleanse the body by removing vitiated Dosha and clearing the Srotas. Because Kushtha is difficult to treat, addressing the root cause is essential, especially in Bahudosha Avastha. Vamana Karma, particularly when performed during Vasant Ritu, helps expel Kapha–Pitta Dosha and restore balance in the body. It also supports removing free radicals from microcirculatory channels and enhances medicine effectiveness by improving absorption and nutrient assimilation, contributing to better, long-lasting outcomes.

This cleansing action improves absorption and efficacy of the administered drugs, contributing significantly to effective disease management.[32] The treatment protocol was systematically implemented in accordance with the classical sequence of Purva Karma, Pradhana Karma and Pashchat Karma.

Vamana Karma is an effective Shodhana therapy for expelling vitiated Dosha in Kushtha; however, it is not suitable as an initial treatment in the presence of secondary infection. During this stage, the body is in Aamavastha with impaired Agni and Strotorodha, making it unfit for intense purification. Performing Vamana at this stage may aggravate the condition. Therefore, initial management focuses on controlling infection, Ama Pachana, and restoring Agni and Bala. Once the patient is stabilised, Vamana can be safely administered to eliminate the root cause.

CONCLUSION

In this case report, we diagnosed the condition as Dadru from an Ayurvedic perspective. A distinctive feature of Ayurvedic treatment is the integrated approach of Shodhana and Shamana, which has shown significant effectiveness in managing such skin disorders. Shodhana not only helps cure the disease but also plays a crucial role in preventing recurrence. This case study highlights the effectiveness of Ayurvedic interventions, demonstrating notable improvement in both symptoms and the patient's overall quality of life.

Declaration of Patient Consent

The authors obtained the patient's informed consent to publish images and clinical information in the journal, ensuring personal details remain confidential. This study followed the International Conference on Harmonisation – Good Clinical Practice (ICH-GCP) guidelines.

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ABBREVIATIONS

BF – Before Food
AF – After Food
g – Gram
mg – Milligram
bis– in die (Twice Daily)
HS – hora somni (At Bedtime)
Q.S. – Quantity Sufficient

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