



## Research Article

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### ASSESSMENT OF DADRU BASED ON DASHAVIDHA PARIKSHA

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#### ABSTRACT

Dadru is described under kusta in Ayurvedic Samhitas. It is included under kshudra kusta by Acharya Charaka. Acharya Sushruta and Vagbhata included it under maha kusta. Dashavidha pariksha comes under the aatur desha. In dashavidha pariksha, ten points are examined to access the roga and rogi bala. These points are prakriti, vikriti, sara, samhanana, parmana, satmaya, satwa, aaharshakti, vyayam shakti, vaya. Assessment of Dadru with the help of dashavidha pariksha. The conceptual study, i.e., reviews of Ayurvedic and modern medical science literature related to Dadru. A total of 50 patients between the age group of 16-70 years were selected. The predominant age group was 31-60 years. No patient of pravara twak sara was registered in the study; the maximum number of patients were madhyamam samhanana, madhyamam pramana, madhyamam satmya, madhyamam sattva, madhyamam aahar shakti, and madhyamam vyayam shakti. Kapha and pitta dosha are mainly dominating in Dadru. The disease is kruchasadhya. The avara twak sara person is affected primarily in Dadru. Most of the patients registered in the study had madhyamam samhanana, madhyamam parmana, and madhyamam vyayam shakti. The disease occurs mainly in the person who takes ati amla and ati lavan food. The patients who were for study have madhyamam sattva and madhyamam aahara shakti, kandu, raga and mandal present in all patients.

**Keywords:** Dadru, Kusta, Dashavidha Pariksha.

#### INTRODUCTION

The primary aim of Ayurveda is to maintain a healthy person's health and cure disease. This unique objective of Ayurveda maintains the superiority among all the prevailing systems of health care even if today. The importance of diagnosing the disease is underlined in almost all Ayurvedic texts. *Parikshyakarino hi kushla bhawanti* <sup>1</sup> and *rogamado parikcheta tatoanantar aushadham* <sup>2</sup> told by Acharya Charaka, meaning that it is important to diagnose the disease first before starting treatment. If we don't consider the roga and rogi bala and start the treatment, it may lead to failure of the treatment. In dashavidha pariksha <sup>3</sup> there are ten points by which different aspects of roga and rogi were examined.

The disease kusta is described as a chronic disorder, kustham diragharoganam <sup>4</sup> and a major skin disorder with a wide range of etiological factors and clinical presentation. Because of the severity and importance of the disease, it was described under the heading of mahagada <sup>5</sup> and because of its infectious nature under aupsargic vyadhi <sup>6</sup>.

According to Acharya Charaka, kusta occurs due to the vitiation of seven dravya, namely three doshas and four dusya (twak, rakta, manas, ambu or lasika) <sup>7</sup>. Kusta is considered as rakta pradoshaja vikara. Acharya Vagbhata especially mentioned Dadru as anusangika roga <sup>8</sup>. Based on clinical appearance, Dadru kusta primarily simulates Dermatophytosis, commonly referred to as ringworm infection. Dermatophytes are fungi that infect skin, hair

and nails and include a member of group genera Trichophyton, Microsporum and Epidermophyton. <sup>9</sup>

Acharya Charaka has described the dashavidha pariksha bhava <sup>10</sup> to be examined in the patients who are kaarana, karana, karyayoni, karya, karyaphala, anubhandha, desh, kala, pravrutti, upaya <sup>3</sup>. With the knowledge of these factors, it is easy for the physician to treat the disease.

Here desha is further subdivided into bhumi desha and aatura desha. <sup>11</sup> Dashavidha pariksha comes under the aatur desha. The dashavidha pariksha following ten points are examined to access the roga and rogi bala.

1. Prakriti
2. Vikriti
3. Sara
4. Samhanana
5. Parmana
6. Satmaya
7. Satwa
8. Aaharshakti
9. Vyayamshakti
10. Vaya <sup>3</sup>

According to Acharya Charaka, the primary purpose of dashavidha pariksha is the examination of the patient for the knowledge of ayupramana and the ability of bala of the diseased person and etiological factors.

Dadru is classified under kshudra kustha<sup>14</sup> by Acharya Charaka, while Acharya Sushruta and Vagbhata are classified under maha kustha.<sup>15</sup> The dosha involved in Dadru, according to Acharya Charaka and Vagbhata, are pitta-kapha<sup>14</sup>. Acharya Sushruta says Dadru occur due to kapha dosha predominance<sup>15</sup>.

## MATERIALS AND METODSS

The study is carried out per the International Conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP) or the Declaration of Helsinki guidelines. CTRI Registration No CTRI/2020/10/028219.

**Study Design:** The present study work was divided into two parts.

**Conceptual Study:** This part consists of the panchnidanatakma study of Dadru kustha and dashavidha pariksha based on different Ayurvedic classics. The study of Dermatophytosis was done based on modern science, and its correlation with Dadru was also studied.

**Observational Study:** In this study, dashavidha pariksha of such patient was done in whom sign and symptoms of Dadru were present.

**Criteria for Assessment:** The criterion for assessment is based on the description of Dadru kustha and dashavidha pariksha in Ayurvedic classics.

### Inclusion Criteria

1. Patients of the age group (16-70 years) of both sexes fulfilled the subjective and objective parameters criteria.
2. Patients have signs and symptoms of Dadru.

### Exclusion Criteria

1. Patients of age groups less than 16 years and more than 70 years.
2. Patients have another skin disease other than Dadru.
3. Complicated cases of skin disorder.
4. Patients are suffering from debilitating systemic disorders like diabetes mellitus & other complicated systemic diseases.

**Consent of the Patient:** Patients were registered in the study after proper scrutiny. They were explained about the trial, and written permission in suitable language to the patients was taken before administration.

**Criteria for Assessment:** The assessment criteria are as per the description of Dadru kustha and dashavidha pariksha in Ayurvedic Samhita. The assessment of the trial was done based on the following parameters of Dadru kustha:

1. Subjective
2. Objective

### Subjective Parameters

- Kandu
- Raga
- Pidaka
- Mandala
- Atasipushpa and tamra varan
- Utsanmandala
- Durvavatdhrighparatana

### Objective Parameters

- Type of lesion
- The area occupied by the lesion
- The margin of the lesion
- Numbers of lesion

## RESULTS AND DISCUSSION

A total of 50 patients are screened for the study. The observations are presented in the bar (in percentage) and tabular form. The result obtained based on observation is stated in the result.

The predominant age group was 31-60 years, i.e., 60%. None of the pravara twak sara patients was registered in the study; a maximum of 70% of patients were of madhyamam samhanana, and a maximum of 78% of patients were of madhyamam pramana. A maximum of 80% of patients were of madhyamam satnya. A maximum of 80% of patients were of madhyamam sattva. A maximum of 50% of patients were of madhyamam abhyavaran shakti, maximum of 52% of patients were of madhyamam jaran shakti. A maximum of 64% of patients have madhyamam vyayam shakti.

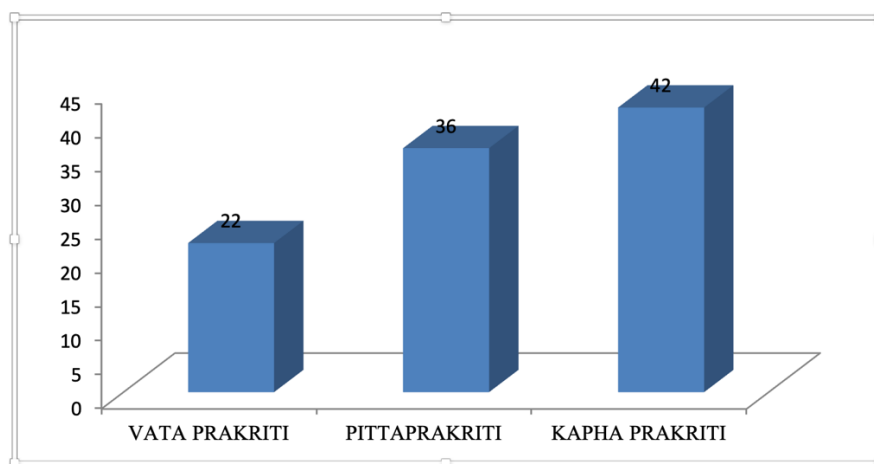


Chart 1: Percentage of different Prakriti

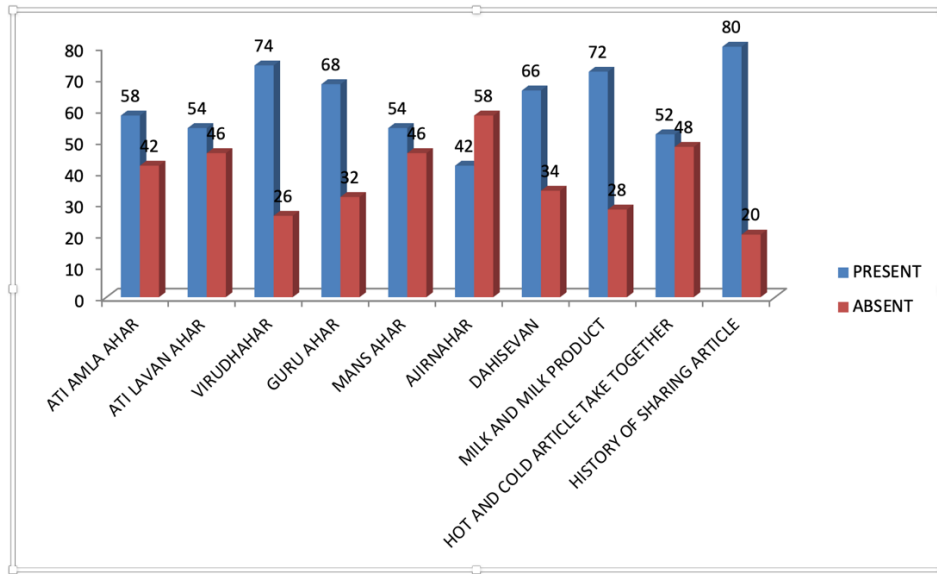


Chart 2: Percentage of different hetu which causes the Dadru

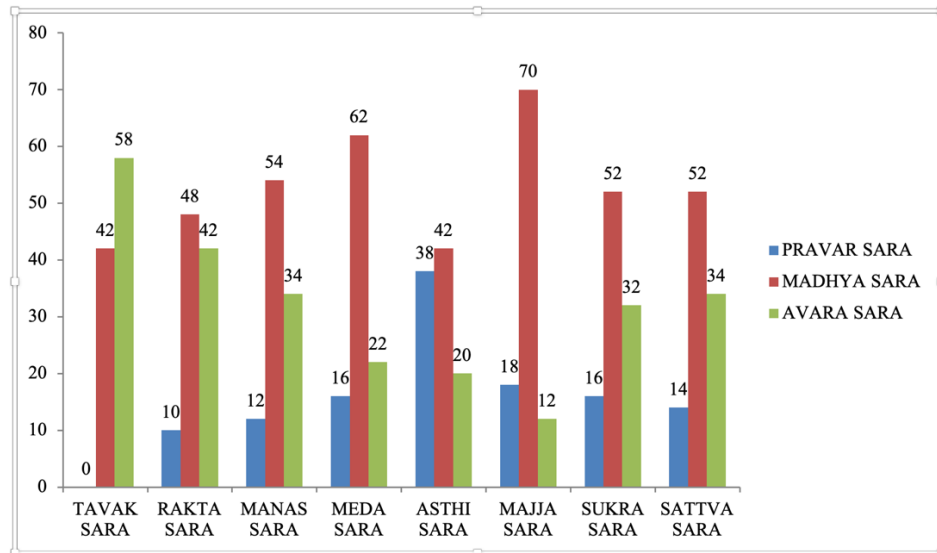


Chart 3: Percentage of different Sara

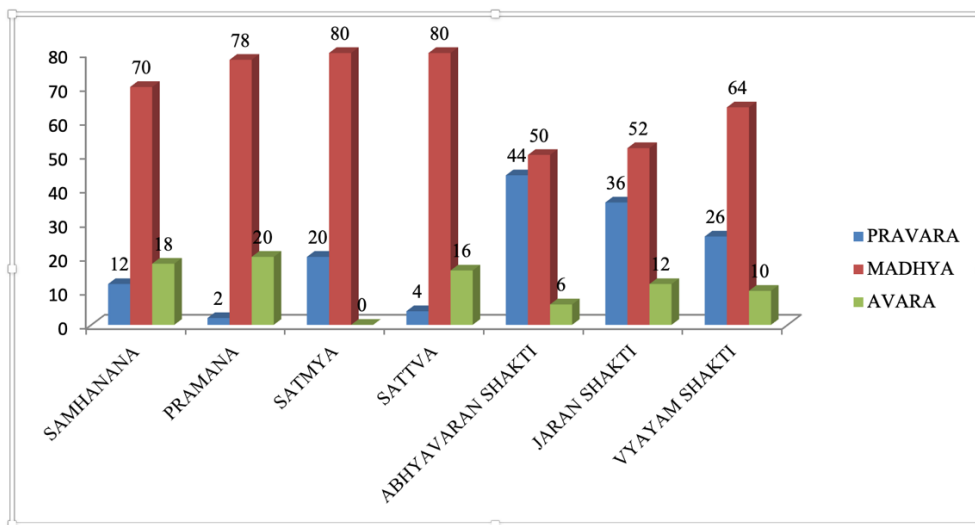


Chart 4: Percentage of different Samhanana, Pramana, Satmya, Sattva, Aahar shakti (Abhyavaran and Jaran shakti), Vyayamshakti

Table 1: Vaya

Vaya	Number of Patients	Percentage
Balyavastha (16-30 years)	12	24.00%
Madyamavastha (31-60 years)	30	60.00%
Jirnavastha(61-70 years)	08	16.00%

Table 2: Major Symptoms of Dadru

Symptoms	Kandu	Number of Patients	Percentage
<b>Kandu</b>	Present	50	100%
	Absent	00	0.00%
<b>Raga</b>	Present	50	100%
	Absent	00	00%
<b>Mandala</b>	Present	50	100%
	Absent	00	00%
<b>Pidika</b>	Present	6	12.00%
	Absent	44	88.00%

A total of 50 patients were registered in the study. All routine and necessary investigation related to Dadru was conducted to fulfil the inclusion and exclusion criteria of the study. The age group selected for analysis was between 16-70 years.

### Age

The patients of the age group between 16-70 years are registered in the study. This age group is selected because Acharya Charaka has divided vaya into three parts. Balyavastha up to 30 years, madhyamawatha between 30-60 years and jirnavastha or virdhavastaha above the age of 60 years. The selected age group cover the above classification of age.

It is clear from the observation that the age group affected by Tinea is madhyamawastha. This age group is prone to infection because of unhealthy food habits and hectic lifestyles. Generally, this age group has to go outside for their job and day-to-day work, which leads to more sweating than others, increasing the body's moisture and providing favourable conditions for Tinea infection. The sample size makes it sufficient to conclude that the disease is more prone in madhyamawastha. The number of patients in other age groups is nearer, which shows that this disease can occur in any age group.

### Sex

In the present study, it was found that male patients were more affected than females. It does not mean that female patients are less affected by this disease. There could be some reason for this. In society, the male person has a responsibility to his family, so he has to go to a job outside the home, which predisposes him to sweat, which acts as a factor for the infection of Tinea. The second cause of the number of male patients is more than female patient who visits OPD may be that the responsibility of the family is on the shoulder of females, so it is seen in a society that women are busy with household work, and women do not get time for themselves, so women are careless about their health. Another reason may be that female patients hesitate to share their problems with family members. Another reason may be that the study time was limited.

Considering the above reason, it may be concluded that both sexes can be equally affected by the disease, but the number of male patients in the study was more than female patients.

### Education

The observation table clearly shows that most of the patients 84% are educated and registered in the study. The possible reason may be that educated people are more health conscious than uneducated people. The literate person is more conscious towards their physical appearance and disease. So, they visited soon in hospitals for treatment as compared to uneducated people.

### Marital Status

Maximum, i.e., 76% of the patients were married, followed by 24% of unmarried patients. The reason for this is that most patients who were registered were in the age group between 30-60 years. Generally, most people of this age group get married. Tinea may be transferred from one partner to another if one partner uses the person's article or has close contact with a person infected by Tinea.

### Socioeconomic Status

The reason may be that middle- and lower-income people share the article as towels, shoes, clothes, rooms, etc. This increases the chance of transmission of infection from one person to other.

### Diet Pattern

It was observed during the study that 42 % of patients have taken a vegetarian diet, and 58% of patients have taken a mixed diet. The non-vegetarian diet is guru in nature, which is not easily digested. The improper digestion of food leads to agnimandhya, which causes the production of ama. It causes the aggravation of dosha and vitiation of dushya, finally leading to the origin of Dadru.

### Habitat

The maximum number of patients, i.e., 68%, belonged to rural, and 32% of patients belonged to urban areas. In a rural area, lack of health education, poor personal hygiene, irregular and unhygienic dietary habits, and hard physical work causes sweating which can be the cause. Apart from this number of hospitals in rural regions is not significant. In rural areas, sources of stagnant water, compared to urban areas, are more favourable environments for fungus growth.

### Family History

Family history was present in 38% of patients and not present in 62 % of patients. It shows that it is not a genetic disorder. A positive family history in 38 % of patients shows the disease's contagious nature.

### Treatment History

The present study shows that a maximum of 88% of patients had received the previous treatment; this data shows the relapsing and chronic nature of the disease.

### Addiction

Observation shows that 80% of patients have an addiction to tea/coffee. 34% of patients had an addiction to alcohol, and 40% had an addiction to smoking.

### Dashavidha Pariksha

#### Prakriti

42% patients have kapha dominating prakriti, 36% patients have pitta pradhan tridosha and 22% have vata pradhan tridosha prakriti. This data indicates that the person with kapha dominant prakriti suffers more than those with other prakriti. The reason for this may be the seat of kapha is rasa dhatu, and there is an asharya-ashrayi relationship between rasa dhatu and kapha dosha; Kapha vitiate rasa dhatu and when rasa dhatu is vitiated the effect appears on the skin.

#### Vikriti

The discussion of vikriti will be discussed under the following subheadings:

**A) Hetu:** Hetu is the causative factor of disease. Various hetu of disease, such as aaharaja, viharaja, and other hetu, cause the disease. On observation, it was found that 58% of patients had taken ati amla food. 54% of patients had taken ati lavan food while. 74% of patients had taken virudhahar. 68% of patients had taken guru aahara. 54% of patients had taken mansahar in their diet. 66% of patients had taken dahi (curd) in their diet. 72% of patients had taken milk or milk product. 56% of patients had taken a bath after just exercise. 52% of patients take hot and cold articles together. This hetu leads to prakopa of tridosha, which vitiates the dushya, causes the srotodushti and finally causes the disease.

**B) Dosha:** Acharya Charaka and Acharya Vagbhata have considered kapha and pitta dosha, while Acharya Sushruta has considered kapha dosha in Dadru. Further, all Acharyas had said that all types of kustha are caused by tridosha.

**C) Dushya:** In kustha, there are seven dushya, namely tridosha and four dhatus. Tridosha are vata, pitta and kapha and dhatus, which are vitiated are twacha, lasika, rakta and mansa. In Dadru, twak is mainly affected.

**D) Prakriti:** The disease primarily affects the patient who has kapha prakriti.

**E) Desha:** Desha is the place where the person lives. The study area can be considered anoopa desha. A maximum number of patients, i.e., 68%, belong to rural areas, and 32% to urban areas.

**F) Kala:** After observation, this disease is affected by kala. The incidence of the disease is not equal in all seasons. The disease occurs mostly in the summer and rainy seasons. The maximum number of patients had fungal infections in the rainy and summer seasons. High humidity is present in the rainy season, which increases the moisture in the air; this moisture provides favourable conditions for spores' growth, so in the rainy season, the cases of Tinea are increased. In the summer season, the temperature is high compared to other seasons. This causes

increased sweating and makes the body moist and wet, favouring the growth of fungal infections.

**G) Bala:** After considering all the above factors, it can be said that the disease is kruchasadhya.

#### Sara

Sara is the essence of dhatu. In the study, twak sara is affected mostly. The reason may be that if rasa dhatu is not vitiated, the skin problem will be less. In Dadru, there is a vitiation of rasa dhatu. There is an asharya-ashrayi relationship between rasa dhatu and kapha dosha, so when there is prakopa of kapha, it vitiates rasa dhatu when rasa dhatu is vitiated, the effect appears on the skin. Acharya said that the rasa dhatu is the first dhatu vitiated in kustha.

#### Samhanana

A maximum of 70% of patients were of madhyamam samhanana, followed by 18% of avara, and 12% were pravara samhanana.

#### Pramana

A maximum of 78% of patients were of madhyamam pramana, followed by 20% of avara, and 2% were pravara pramana.

#### Satmya

80% of patients were of madhyamam satmya, followed by 20% of pravara satmya. This data shows that if the person takes all the rasa in his diet, and all the rasas are satmya to him, it will increase the patient's immunity. The patient will affect less by the disease, and if the person suffers from the disease, he will get recover soon.

#### Sattva

A maximum of 80% of patients were of madhyamam sattva, followed by 16% of avara, and 4% were pravara sattva. The data shows that if the person is mentally strong, thinks positively in a diseased condition, and does not take the stress of any kind; the disease affects less to the person less.

#### Aaharshakti

#### Abhyavaran Shakti

A maximum of 50% of patients were of madhyamam abhyavaran shakti, followed by 44% of pravara, and 06% were avara abhyavaran shakti.

#### Jaran Shakti

A maximum of 52% of patients were of madhyamam jaran shakti, followed by 36% of pravara, and 12% were avara jaran shakti. If the aahar shakti of the patient is good, the food will be properly digested. This checks the formation of ama, and if digestion is good, it will nourish all dhatus of patients; ultimately, the patient's strength is good, and the person is less affected by the disease.

#### Vyayam Shakti

A maximum of 64% of patients have madhyamam vyayam shakti, followed by 26% of pravara and 10% avara vyayama shakti.

#### Vaya

A maximum of 60% of patients were aged 31-60 years, 24% were 16-30, and 16% were aged 61-70. Vaya is discussed previously in age.

### CONCLUSION

Kapha and pitta dosha are mainly dominating in Dadru. The disease is kruchasadhya. The avara twak sara person is affected primarily in Dadru. Most of the patients who registered in the

study had madhyamam samhanana, madhyamam parmana, and madhyamam vyayam shakti. The disease occurs mainly in the person who takes ati amla and ati lavan food. The patients who were for study have madhyamam sattva and madhyamam aahara shakti. Kandu, raga and mandal present in all patients.

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