IJAYUSH
International Journal of AYUSH
AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY
https://internationaljournal.org.in/journal/index.php/ijayush/
ISSN: 2349-7025
OPEN ACCESS
PEER REVIEWED
MONTHLY

| Original Research Article | Volume 15 Issue 07 | July 2026 |
|---|---|---|

# A CASE REPORT ON THE THERAPEUTIC EFFECT OF *PANCHANIMBA CHURNA* AND *JALAUKAVACHARANA* IN THE MANAGEMENT OF *DADRU KUSHTHA* (*TINEA CORPORIS*): AN INTEGRATIVE AYURVEDIC APPROACH

***Dr. Satyapal Sharma[1], Dr. Saurabh Parauha[2]**

[1]P.G. Scholar, Associate Professor

[2]P.G. Department of Kayachikitsa

Shri Dhanwantri Ayurvedic Medical College & Research Centre,

Mathura- 281401, Uttar Pradesh

*Corresponding Author's Email ID: satyapalsharma014@gmail.com

## ABSTRACT

**Background:**

Dadru Kushtha is a Kapha-Pitta predominant *Kshudra Kushtha* characterized by *Kandu* (itching), *Raga* (erythema), *Pidika* (papules), *Utsanna Mandala* (raised annular lesions), and scaling. Clinically, it closely resembles *Tinea corporis*, a superficial dermatophyte infection. The increasing prevalence of chronic and recurrent dermatophytosis, coupled with emerging antifungal resistance and frequent relapses, has prompted the exploration of safe and effective Ayurvedic therapeutic approaches. *Panchanimba Churna* possesses *Kushtaghna, Kandughna, Krimighna,* and *Rakta Prasadana* properties, whereas *Jalaukavacharana* (medicinal leech therapy), a form of *Raktamokshana*, is indicated in *Pitta-Rakta* predominant skin disorders.

**Objective:**

To evaluate the therapeutic efficacy of *Panchanimba Churna* combined with *Jalaukavacharana* in the management of *Dadru Kushtha* with special reference to *Tinea corporis*.

**Case Presentation:**

A 34-year-old male presented with multiple annular erythematous scaly lesions over the trunk

and left lower limb associated with severe itching and intermittent burning sensation for three months. Based on detailed Ayurvedic and clinical evaluation, the condition was diagnosed as *Dadru Kushtha* corresponding to *Tinea corporis*.

**Intervention:**

*Panchanimba Churna* was administered orally at a dose of 6 g twice daily with normal drinking water after meals for 28 days. Simultaneously, *Jalaukavacharana* was performed once weekly for four consecutive weeks over the affected lesions following standard Ayurvedic procedures.

**Results:**

The combined therapy produced marked clinical improvement without any adverse events. Significant reductions were observed in all assessed clinical parameters, including *Kandu* (68.5%), Scaling (66.7%), *Pidika* (65.8%), *Utsanna Mandala* (63.4%), *Raga* (63.0%), *Daha* (59.1%), and lesion size (55.8%). The treatment was well tolerated, and no adverse drug reactions or procedure-related complications were reported throughout the study period.

**Conclusion:**

The combination of *Panchanimba Churna* and *Jalaukavacharana* demonstrated substantial clinical improvement in this patient with *Dadru Kushtha* (*Tinea corporis*), resulting in significant relief of itching, erythema, scaling, papules, burning sensation, and lesion size. This case suggests that the integration of *Shamana Chikitsa* with *Raktamokshana* may represent a safe and effective Ayurvedic therapeutic approach for the management of *Dadru Kushtha*. Nevertheless, well-designed randomized controlled studies with larger sample sizes are warranted to validate these findings.

**Keywords:** Dadru Kushtha; Tinea corporis; Panchanimba Churna; Jalaukavacharana; Raktamokshana; Ayurveda.

## Introduction

Skin disorders are among the most prevalent health problems worldwide and significantly affect quality of life. Superficial fungal infections, particularly dermatophytosis, constitute a major proportion of dermatological diseases, especially in tropical and subtropical regions. *Tinea corporis*, commonly known as ringworm of the body, is a superficial dermatophyte infection caused by fungi of the genera *Trichophyton, Microsporum,* and *Epidermophyton*. It is characterized by annular erythematous scaly lesions with central clearing, intense pruritus, and centrifugal spread. Warm and humid climate, excessive sweating, poor hygiene, diabetes

mellitus, immunosuppression, and prolonged use of topical corticosteroid-antifungal combinations are recognized predisposing factors.1–4

In recent years, India has witnessed a substantial increase in chronic and recurrent dermatophytosis. The emergence of antifungal resistance, inappropriate use of topical corticosteroids, poor treatment adherence, and frequent recurrences has limited the effectiveness of conventional antifungal therapy. Although topical and systemic antifungal agents remain the mainstay of treatment, their prolonged use may be associated with adverse effects, drug interactions, recurrence, and increased treatment costs. These challenges have encouraged the exploration of safe and evidence-based Ayurvedic interventions.5,6

In Ayurveda, *Dadru Kushtha* is classified under *Kshudra Kushtha* and is predominantly caused by vitiation of *Kapha* and *Pitta Doshas*, involving *Twak, Rakta,* and *Mamsa Dhatus*. Classical texts describe *Dadru Kushtha* with features such as *Kandu* (itching), *Raga* (erythema), *Pidika* (papules), *Utsanna Mandala* (raised annular lesions), and scaling, closely resembling the clinical presentation of *Tinea corporis*.7–9

*Panchanimba Churna*, described in *Bhaiṣajya Ratnāvali*, is a classical formulation prepared from the five parts (*Panchanga*) of *Nimba* (*Azadirachta indica* A. Juss.). Owing to its *Kushtaghna, Kandughna, Krimighna, Rakta Prasadana,* and *Kapha-Pitta Shamaka* properties, it is traditionally indicated for the management of skin disorders. *Jalaukavacharana*, a form of *Raktamokshana*, is recommended for *Pitta-Rakta* predominant diseases and helps alleviate local inflammation by removing vitiated blood. Experimental studies have also demonstrated the antifungal, anti-inflammatory, antioxidant, and immunomodulatory activities of neem, providing scientific support for its therapeutic potential.10–14

Therefore, the present case study was undertaken to evaluate the therapeutic effect of *Panchanimba Churna* combined with *Jalaukavacharana* in the management of *Dadru Kushtha* with special reference to *Tinea corporis*.

**Aim:** To evaluate the effect of *Panchanimba Churna* on the cardinal signs and symptoms of *Dadru Kushtha*

## Materials & Methods:

### Case Presentation

A 34-year-old male presented to the Kayachikitsa Outpatient Department with complaints of severe itching, reddish circular lesions with raised margins, scaling, papular eruptions, and

occasional burning sensation over the trunk and left upper limb for the previous three months. The lesions gradually increased in size and number. The patient had previously used topical antifungal medications with only temporary relief, followed by recurrence after discontinuation.

There was no history of diabetes mellitus, hypertension, tuberculosis, HIV infection, immunosuppressive disorders, or any other significant systemic illness. Family history was non-contributory.

### Clinical Findings

#### General Examination

- Pulse: 78/min
- Blood Pressure: 120/80 mmHg
- Temperature: Afebrile

#### Local Examination

- Site: Trunk and left lower limb
- Shape: Annular
- Margin: Raised and erythematous
- Scaling: Present
- Papules: Present
- Itching: Severe
- Burning sensation: Mild to moderate

#### Ayurvedic Assessment

- Prakriti: Kapha-Pitta
- Vikriti: Kapha-Pitta
- Dushya: Twak, Rakta, Mamsa
- Agni: Mandagni
- Diagnosis: Dadru Kushtha

### Diagnostic Criteria

Diagnosis was established based on the classical clinical features of Dadru Kushtha described in Ayurvedic texts and their correlation with the clinical presentation of Tinea corporis. Patients

presenting with Udagata Mandala (raised annular lesions), Kandu (itching), Raga (erythema), Pidika (papular eruptions), and scaling were considered eligible for the study.

## Therapeutic Intervention

Panchanimba Churna was prepared according to the formulation described in *Bhaishajya Ratnavali, Kushtharogadhikara* (Verses 74–77). The formulation comprises the five parts (*Panchanga*) of *Nimba* (*Azadirachta indica* A. Juss.), namely *Patra* (leaves), *Moola* (root), *Twak* (stem bark), *Pushpa* (flowers), and *Phala* (fruits), taken in equal proportions and processed into a fine powder following standard Ayurvedic pharmaceutical procedures.

The patient was administered *Panchanimba Churna* orally at a dose of 6 g twice daily after meals with normal drinking water for 28 consecutive days**.**

*Jalaukavacharana*

*Jalaukavacharana* (medicinal leech therapy) was performed once weekly for four consecutive weeks under strict aseptic precautions. After cleansing the affected area, healthy medicinal leeches were applied around the active margins of the lesions. Following adequate bloodletting, the leeches were detached by sprinkling *Haridra Churna* (turmeric powder), and the bite site was cleaned and dressed with a sterile dressing. The procedure was performed in accordance with the classical principles of Purva Karma, Pradhana Karma, and Paschat Karma as described in Ayurvedic texts.

## Study Duration and Follow-up

The total duration of treatment was 28 days**.** The patient received *Panchanimba Churna* throughout the treatment period and underwent *Jalaukavacharana* at weekly intervals. Clinical assessments were performed on Days 7, 14, 21, and 28 to evaluate changes in the severity of signs and symptoms, monitor treatment compliance, and identify any adverse events or complications.

The patient was advised to maintain personal hygiene, keep the affected areas clean and dry, avoid excessive sweating and the sharing of personal clothing or towels, and adhere to appropriate dietary and lifestyle measures, including avoidance of incompatible foods (*Viruddha Ahara*), oily, fermented, excessively sour, and spicy foods.

No adverse drug reactions or procedure-related complications were observed during the treatment period, and both Panchanimba Churna and Jalaukavacharana were well tolerated.

## Observations and Results

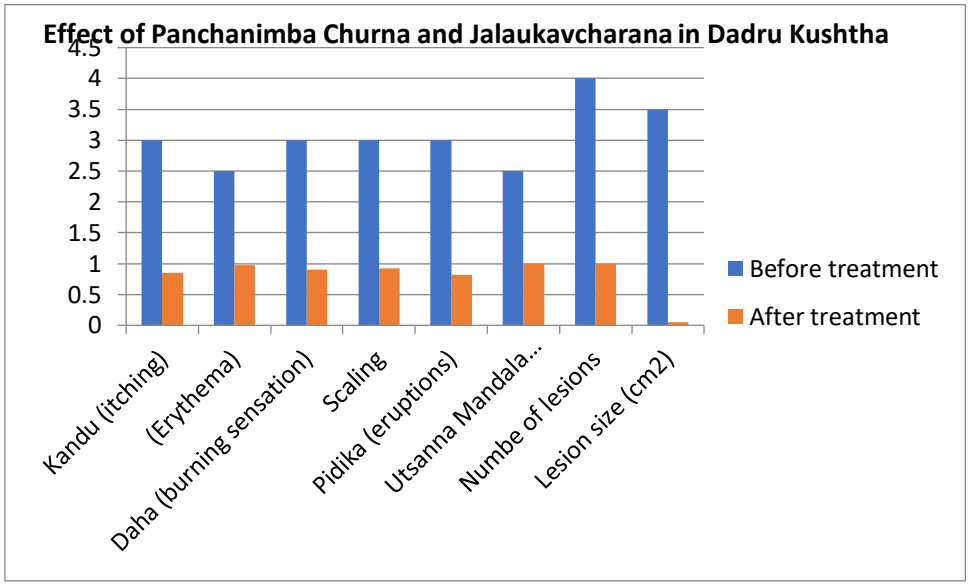


**Figure 1: Panchnimba Churna and Jalaukavcharna in Dadru Kushtha (Tinea corporis)**

**Figure 2: Application of Jalauka (leech)**

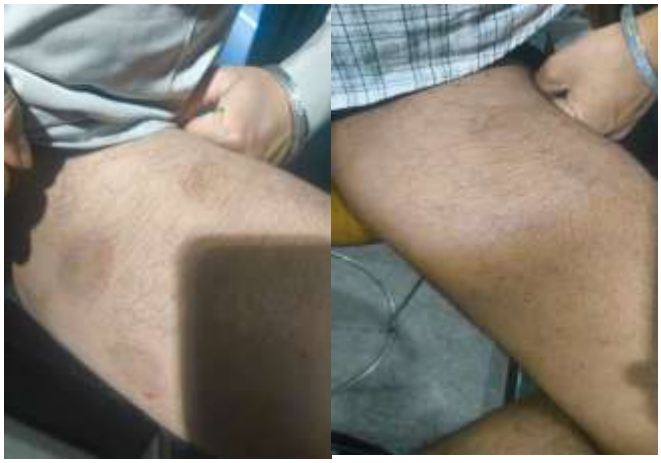

**Figure 3 Pre & Post treatment effect in Dadru Kushtha**

Marked clinical improvement was observed in all assessed parameters. The greatest improvement was noted in *Kandu* (itching), followed by Scaling, *Pidika* (papular eruptions), *Utsanna Mandala* (raised annular lesions), *Raga* (erythema), and *Daha* (burning sensation). A considerable reduction in lesion size was also observed by the end of the treatment period.

## Discussion

*Dadru Kushtha* is a *Kapha-Pitta* predominant *Kshudra Kushtha* involving *Twak, Rakta,* and *Mamsa Dhatus*. It is characterized by *Kandu* (itching), *Raga* (erythema), *Pidika* (papular eruptions), *Utsanna Mandala* (raised annular lesions), and scaling, which closely resemble the clinical features of *Tinea corporis*. According to Ayurveda, the disease results from vitiation of *Kapha* and *Pitta Doshas*, impaired *Agni*, accumulation of *Ama*, and *Rakta Dushti*, leading to chronic inflammation and recurrent cutaneous manifestations.

*Kandu*, the cardinal symptom of *Dadru Kushtha*, is mainly attributed to vitiated *Kapha* associated with *Rakta Dushti*. *Panchanimba Churna*, owing to its *Kandughna, Kushtaghna, Krimighna,* and *Kapha-Pitta Shamaka* properties, helps pacify *Kapha*, eliminate *Kleda*, and purify *Rakta*, thereby reducing itching. Similarly, *Raga* and *Daha*, manifestations of aggravated *Pitta*, are alleviated by the *Tikta-Kashaya Rasa, Sheeta Virya,* and *Rakta Prasadana* properties of *Panchanimba Churna*. The formulation also possesses *Krimighna, Kushtaghna, Shothahara,* and *Rakta Shodhaka* actions, which help reduce scaling, *Pidika*, and *Utsanna Mandala* by controlling fungal proliferation, reducing inflammation, and promoting tissue healing.

The overall therapeutic response can be attributed to the synergistic action of *Panchanimba Churna* and *Jalaukavacharana*. *Panchanimba Churna* possesses *Tikta-Kashaya Rasa, Laghu-Ruksha Guna, Sheeta Virya,* and *Katu Vipaka*, along with *Deepana, Pachana, Kushtaghna, Krimighna, Kandughna, Rakta Prasadana,* and *Kapha-Pitta Shamaka* properties. These actions help digest *Ama*, reduce *Kleda*, purify *Rakta*, and correct the underlying *Samprapti* of *Dadru Kushtha*. *Jalaukavacharana*, a form of *Raktamokshana*, removes vitiated *Rakta*, thereby reducing local congestion, inflammation, erythema, burning sensation, and pruritus while improving local microcirculation.

From a modern perspective, *Azadirachta indica* exhibits well-documented antifungal, antibacterial, anti-inflammatory, antioxidant, immunomodulatory, and wound-healing properties. Bioactive constituents such as nimbidin and nimbolide inhibit inflammatory mediators and support tissue repair. In addition, medicinal leech saliva contains biologically

active compounds with anti-inflammatory, anticoagulant, analgesic, and antimicrobial effects that facilitate healing. The complementary actions of *Panchanimba Churna* and *Jalaukavacharana* likely contributed to the marked reduction in itching, erythema, scaling, papules, and lesion size observed in this patient.

## Conclusion

The combined administration of *Panchanimba Churna* and *Jalaukavacharana* produced significant clinical improvement in *Dadru Kushtha* (*Tinea corporis*), with marked reduction in itching, erythema, burning sensation, papules, scaling, and lesion size, without any adverse effects. This case suggests that the combination of *Shamana Chikitsa* and *Raktamokshana* may be a safe and effective Ayurvedic approach for managing *Dadru Kushtha*. Further controlled clinical studies are needed to confirm these findings.

### Patient Consent

Written informed consent was obtained from the patient for publication of the clinical details and clinical photographs while maintaining anonymity.

### Conflict of Interest

The authors declare no conflict of interest.

### Funding

Nil.

## References:

1. GBD 2021 Diseases and Injuries Collaborators. Global burden of diseases and injuries, 1990–2021. Lancet. 2024.
2. Adams BB. Tinea corporis gladiatorum. J Am Acad Dermatol. 2002;47(2):286–290. doi: 10.1067/mjd.2002.120603.
3. Hay RJ, Ashbee HR. Fungal infections. In: Rook's Textbook of Dermatology. 10th ed. Wiley-Blackwell; 2023.
4. Gupta AK, Versteeg SG. Superficial fungal infections. Dermatol Clin. 2021;39(3):433-448.
5. Dogra S, Uprety S. The menace of chronic and recurrent dermatophytosis in India. Indian Dermatol Online J. 2016;7(2):73-76.
6. Robbins JB, et al. Management of dermatophyte infections. J Am Acad Dermatol. 2023.

7. Agnivesha. Charaka Samhita. Chikitsa Sthana, Kushtha Chikitsa Adhyaya.
8. Sushruta. Sushruta Samhita. Nidana Sthana, Kushtha Nidana Adhyaya.
9. Vagbhata. Ashtanga Hridaya. Nidana Sthana, Kushtha Nidana Adhyaya.
10. Govind Das Sen. Bhaiṣajya Ratnāvali. Edited by Kaviraj Ambikadatta Shastri. Reprint ed. Varanasi: Chaukhambha Prakashan; 2021. Kuṣṭharogādhikāra, verses 74–77.
11. Sharma PV. Dravyaguna Vijnana. Vol. II. Varanasi: Chaukhambha Bharati Academy.
12. Kirtikar KR, Basu BD. Indian Medicinal Plants. Vol. II. Dehradun: International Book Distributors.
13. Singh N, et al. Pharmacological activities of medicinal plants used in dermatological disorders: a review. J Ethnopharmacol. 2020.
14. World Health Organization. WHO Guidelines on Traditional Medicine Research. Geneva: WHO.
15. Biswas K, Chattopadhyay I, Banerjee RK, Bandyopadhyay U. Biological activities and medicinal properties of neem (Azadirachta indica). Curr Sci. 2002;82(11):1336-1345.
16. Alzohairy MA. Therapeutics role of Azadirachta indica (Neem) and their active constituents in disease prevention and treatment. Evid Based Complement Alternat Med. 2016;2016:7382506.
17. Subapriya R, Nagini S. Medicinal properties of neem leaves: A review. Curr Med Chem. 2005;12(2):149-156.