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# The Ayurvedic management for Tinea Versicolor by Virechana Karma

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## ABSTRACT

Tinea versicolor is a common skin rash caused by over growth of yeast over skin surface resulting in uneven skin colour and scaling which is harmless, asymptomatic and non-contagious.<sup>[1]</sup> In this case generally medication used are antifungal i.e. Ketaconazoles systemic and topically which may lead to many side effects and re-occurrence. In Ayurveda there is no detail explanation but somehow correlated with *Sidma Kusta*, which is one among the *Maha Kusta*. Which can be treated by *Vamana Karma*, *Virechana Karma* or *Rakthamokshana*.<sup>[2]</sup> By this we can say Ayurvedic treatment modalities are utilized according to presentation of disease.

**Key words:** Tinea versicolor, Sidmakusta, Snehapana, Virechana.

## INTRODUCTION

Tinea versicolor<sup>[3]</sup> is caused by over growth of yeast malassezia furfur and malassezia globosa, normally resides in keratin of skin and hair follicles. They require oil to growth, so the disease is more prevalent in young adults where sebaceous gland activity is high which is asymptomatic, hypo-hyper pigmented which is pink scaly, white scaly skin especially seen over the trunk, back and extremities, which may be present from months to years.<sup>[4]</sup>

We find some particular reference in Ayurveda regarding tinea which is correlated with *Sidma Kusta* but *Acharya Charaka* has explained under different type of *Kusta* and management is also elaborated by

*Virechana Karma*.<sup>[5]</sup>

## CASE REPORT

A 22 year old female patient came to *Shalya Tantra* OPD No. 11294 at SJGAMC Hospital, Koppal, Karnataka. Patient complains of scaly lesions over chest region with hyperpigmentation, scaling, increasing size of patches. And patient has history since 10 years where she underwent other contemporary treatment but the condition and complains did not recover. So for further treatment she approached to our hospital. We examined thoroughly before planning the treatment and other features like spreading nature of disease were ruled out. The complete history of pervious treatment were collected and studied. By examination we found only scaly lesion without any discharge and itching.

By considering the scaly lesion as *Sidma Kusta* we planned for *Snehapana* followed by *Virechana*.

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Duration	Drug Used	Action
1 <sup>st</sup> day	<i>Cithrakadi Vati</i>	<i>Deepana</i> and <i>Pachana</i>
2 <sup>nd</sup> day	<i>Cithrakadi Vati</i>	<i>Deepana</i> and <i>Pachana</i>
3 <sup>rd</sup> day	<i>Citrakadi Vati</i>	<i>Deepana</i> and

		<i>Pachana</i>
4 <sup>th</sup> day	<i>Panchatiktha Guggulu Ghritha</i>	<i>Snehapana</i>
5 <sup>th</sup> day	<i>Panchatiktha Guggulu Ghritha</i>	<i>Snehapana</i>
6 <sup>th</sup> day	<i>Panchatiktha Guggulu Ghritha</i>	<i>Snehapana</i>
7 <sup>th</sup> day	<i>Maricha Taila</i>	<i>Abyanga and Swedana</i>
8 <sup>th</sup> day	<i>Maricha Taila</i>	<i>Abyanga and Swedana</i>
9 <sup>th</sup> day	<i>Maricha Taila</i>	<i>Abyanga and Swedana</i>
10 <sup>th</sup> day	<i>Maricha Taila</i>	<i>Abyanga and Swedana</i>

*Virechana Karma* with *Trivruth Leha* on 10<sup>th</sup> day only after *Abhyanga Karma*, we advised to take *Trivruth Leha* (70 g.) based on *Kostha* of person. And we advised to take within 8 AM.

After the treatment procedure we advised the patient to follow-up after 7 days and on examination we observed scaling of the skin was reduced and we further advised the patient to apply *Murchitha Tila Taila* as *Shamana Oushadi* for 3 months and advised follow-up after 6 months.

### RESULT

After treatment and regular follow-ups, we observed skin changed to normal colour.

#### Before treatment



#### During treatment



#### After treatment



### DISCUSSION

The whole treatment procedure was planned according to sign and symptoms mainly focusing on local and systemic pathological changes as we started the *Deepana Pachana Karma* for 3 days with *Chitrakadi Vati* and followed by *Snehapana* for 3 days with *Panchatiktha Guggulu Grutha* and followed by *Abyanga* with *Maricha Taila* and *Virechana Karma* with 70 g. *Trivruth Leha*.

*Chitrakadi Vati* - has *Katu, Tikta, Deepana* and *Pachana Karma* which will help in *Ama Pachana* before *Shodana Karma*. Advised with *Ushna Jala* as *Anupana*.<sup>[7]</sup>

*Panchatiktha Guggulu* - Has *Krimighana, Kaphahara, Varnya* properties. Advice the patient to take food when she feels hungry only and *Grutha* taken in increasing dose<sup>[8]</sup> i.e.,

1. 30 ml - 1<sup>st</sup> day

2. 60 ml - 2<sup>nd</sup> day
3. 90 ml - 3<sup>rd</sup> day

*Maricha Taila Abyanga* for 4 days - has *Vata Kaphahara* property, *Varnya*.<sup>[9]</sup>

*Virechana Karma* - on 4th day of *Abyanga Karma* followed by *Virechana Karma with Trivruth Leha* which is having *Vatahara* and *Kaphahara* properties, followed by *Murchitha Tila Taila* for external application which act as *Shamana Dravya, Kaphahara, Krimigna* and *Varnya* properties.

### CONCLUSION

The approach of Ayurvedic therapy was satisfied in the management of tinea versicolor. By this treatment we can manage the reoccurrence of the infection and patient is satisfied with the treatment.

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