

# Effective Management of Tinea Cruris using Ayurvedic Remedies: A Case Report

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## ABSTRACT

Tinea cruris, or jock itch, is a fungal infection of the groin area caused by fungi belonging to the genera *Trichophyton*, *Epidermophyton*, and *Microsporum*. It presents with intense itching, red scaly patches, and rashes that may extend from the groin to the thighs. In severe cases, blisters or pustules can form. This condition is common in warm, humid climates and often affects athletes, obese individuals, and those who sweat excessively. The major external covering of the body, the skin, is primarily affected by fungal infections. In Ayurveda, skin fungal infections are termed *Kshudra Kushtha* (minor skin diseases), which clinically resemble the symptoms of tinea cruris. In the present case study, a 45-year-old male patient presented with symptoms including itching in the lumbar and peripheral back region, piercing pain, burning sensation, and discoloration with redness of the skin. He was treated with *Panchakarma* procedures, including *Haridradigana* medicated enema, and oral Ayurvedic medications for antifungal palliative care, including *Aryogavardhini Vati*, *Gandhak Rasayana*, *Avipattikar Churna*, *Krumikuthar Rasa*, and *Chandraprabha Vati*. After 14 days of treatment, the patient was assessed using a symptomatic assessment scale. Tinea cruris was successfully treated using this specific combination of detoxification and palliative treatment in Ayurveda. Further clinical trials with larger sample sizes are warranted to validate these findings.

**Keywords:** Dermatophytosis, Detoxification, *Haridradigana basti*, *Krumikuthar rasa*

## CASE REPORT

A 45-year-old male patient reported to the Panchakarma Outpatient Department (OPD) with complaints of blackish discoloration of the skin with itching over the gluteal regions, piercing pain, burning sensation, and occasional redness over lesions for one month. The patient also had irregular bowel movements. All complaints had appeared progressively and were aggravated by oral medications in modern medicine, such as oral antifungals and antifungal creams containing topical steroids. The patient had no significant past illnesses, systemic diseases, or relevant family history. Upon clinical evaluation, circular rashes, patches, and erythema were observed over the waist and buttocks region. Differential diagnoses included candidiasis, erythrasma, and contact dermatitis. The patient reported a diet high in oily, spicy, and junk foods, along with a non-vegetarian diet including fish, mutton, and chicken, and frequent consumption of soft drinks. His lifestyle was irregular, with inconsistent sleep and wake cycles and irregular bowel movements.

### Examination of the Patient

**General examination:** The patient's digestive fire was poor, physical strength was medium, and blood pressure was 130/90 mmHg.

**Local skin examination:** An erythematous lesion of irregular shape was observed in the left waist region. Red and black dry scales were distributed uniformly. The lesion's thickness was more than 0.2 cm, with papules present.

**Palpation:** The area was dry, warm to touch, rough in texture, with reduced mobility and turgor. Papules with scars were present. Lesions were symmetrical and localised to one side of the waist. The skin was oily with no tenderness. Blackish hyperpigmentation was observed.

### Ayurvedic Eightfold Examination (Ashtavidha Pareeksha):

1. Pulse (Nadi): Vataj type
2. Stool (Mala): Complex, indicating Vibandha
3. Urine (Mutra): Normal (Samayak)
4. Tongue (Jivha): Coated (Sama)
5. Voice (Shabda): Clear (Spashta)
6. Vision (Drik): Clear (Prakruta)
7. Appearance (Akriti): Medium (Madhyam)

7. Vision (Drik): Clear (Prakruta)

8. Appearance (Akriti): Medium (Madhyam)

**Ayurvedic pathology:** Aetiology (Nidana): Excessive consumption of pungent, sour, salty, and sweet foods, including chicken, mutton, and eggs; irregular lifestyle; poor sleep hygiene; suppression of natural urges; poor skin hygiene.

**Dosha involvement:** *Vata*, *Kapha*, *Pitta*

- Affected tissues (Dushya): Skin (Twacha), lymph (Lasika), blood (Rakta), and muscle (Mamsa)
- Digestive fire (Agni): Weak (Mandagni)
- Channel obstruction (Strotodushti): Sanga
- Manifesting site (Vyaktha Sthana): Waist region (Kati Pradesh)
- Originating site (Udbhava Sthana): Stomach (Amashaya)
- Disease pathway (Roga Marga): External (Bahya)

**Treatment plan:** The treatment plan prescribed was divided into two main approaches: Ayurvedic procedures and oral medications.

**Procedures in Ayurveda:** The patient underwent *Haridradigana Niruha Vasti*.

**Oral medications:** These included *Hingwastak Churna*, *Aryogavardhini Vati*, *Gandhak Rasayana*, *Avipattikar Churna*, *Chandraprabha Vati*, and *Krumikuthar Rasa*. Details of the oral medications are presented in [Table/FIG-1].

Before administering the medicated enema, the patient received a local massage with sesame oil, followed by kettle sudation (Swedana) using *Dashmool* decoction over the abdomen and lumbar region. Dry fomentation with a sand poultice was applied to the right lower limb.

The medicated enema consisted of a decoction prepared with *Haridra* (*Curcuma longa* Linn.), *Daruvaridra* (*Berberis aristata*), *Yashtimadhu* (*Glycyrrhiza glabra*), *Kalashi* (*Utraria picta* Linn.), *Kutaja* (*Holarrhena antidysenterica* Linn.), honey, rock salt, sesame oil, and a paste of various herbs, along with *Kamdhenu Gomutra Arka* (distilled cow urine). This enema was administered for eight consecutive days.

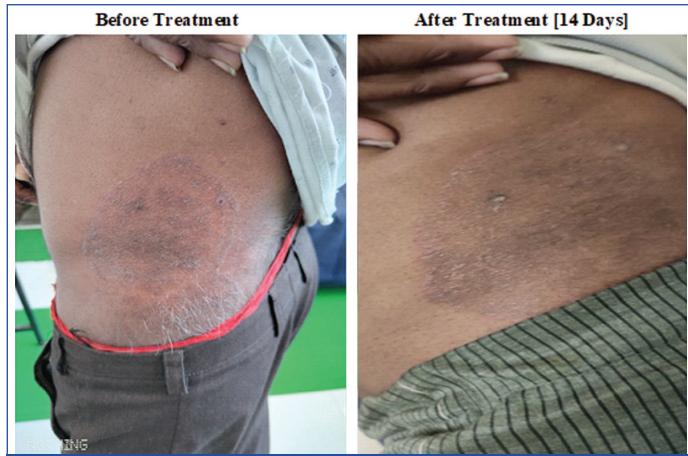
S. No.	Medication	Dose	Time	Duration	Anupana	Route of administration
1	Haridradigana Vasti	Haridradi Gana Qwath 650 mL + Honey-15 grams+Saindhava-10 grams+Gomutra 20 mL	Once a day	8 days	NA	Anal
2	Aryogavardhini Vati	250 mg 2 tablets	Twice a day after meal	14 days	Water	Oral
3	Gandhak Rasayana	250 mg 2 tablets	Twice a day after meal	14 days	Water	Oral
4	Avipattikar Churna	10 gm at night	Once a day after meal	14 days	Water	Oral
5	Chandraprabha Vati	250 mg 2 tablets	Twice a day after meal	14 days	Water	Oral
6	Krumikuthar Rasa	250 mg 2 tablets	Twice a day after meal	14 days	Water	Oral

[Table/Fig-1]: Details of oral medications.

**Therapeutic outcome:** The patient was assessed for symptomatic relief [1,2] and through clinical images after completing 14 days of treatment, as shown in [Table/Fig-2,3].

S. No.	Symptom	Graduation/ Severity [1,2]	Before treatment (0 <sup>th</sup> day)	After treatment (14 <sup>th</sup> day)
1.	Sensation of itching	Grade 0- Absent Grade 1- No interruptions while working Grade 2- Interrupted work Grade 3- Trouble sleeping	2	0
2.	Discolouration	Grade 0- Absent Grade 1- Mild Grade 2- Moderate Grade 3- Severe	2	1
3.	Elevated circular rashes	Grade 0- Absent Grade 1- Mild Grade 2- Moderate Grade 3- Severe	2	1
4.	Burning sensation	Grade 0- Absent Grade 1- Mild Grade 2- Moderate Grade 3- Severe	2	0

[Table/Fig-2]: Symptomatic assessment of the patient.



[Table/Fig-3]: Clinical images before and after treatment, showing improvement.

**Follow-up:** After one month, there was no recurrence of the fungal infection, and the signs and symptoms were significantly reduced. Images were not taken at the one-month follow-up.

## DISCUSSION

Tinea cruris, a fungal infection of the groin, closely resembles *Dadru Kushta* in Ayurveda, which is classified under *Kshudra Kushtha*. Pathologically, *Dadru* results from vitiation of *Pitta* and *Kapha* doshas, along with involvement of *Rakta* and *Twak* dhatus, leading to symptoms such as red circular patches, itching (*kandu*), burning sensation (*daha*), and raised lesions [3]. The Ayurvedic pathology (*samprapti*) involves *dosha* vitiation due to improper diet, hygiene, or climate, causing *srotorodha* (channel obstruction) and accumulation

of *ama* (toxins) in the skin. Tinea cruris is more prevalent in men, affecting up to 20-25% of the population at some point [4].

Effective management includes proper hygiene and keeping the affected area dry. Treatment in Ayurveda aims to break the pathological chain through *Shodhana* (purification) to eliminate *doshas*, and *Shamana* (palliative) therapy with internal medicines such as *Aryogavardhini Vati* and *Gandhak Rasayana*. In modern medicine, corticosteroids and antifungal agents are commonly used; however, excessive corticosteroid use may cause significant side-effects [5]. Incorporating *Ayurvedic* treatments may offer a safer, complementary approach.

Previous studies and their conclusions are summarised in [Table/Fig-4] [1,6-8]. Notably, no prior study has reported the use of *Vasti* (enema) in the management of tinea cruris, as applied in this case.

**Haridradigana Vasti:** In *Avaranajanya Samprapti* (obstructive pathology), vitiated *Pitta* and *Kapha* obstruct the path of *Vata*, leading to its aggravation. *Samshodhana* (purification) is an effective treatment for removing *doshas*. *Vagbhata* emphasised that the nearest section should be used for *dosha* elimination. To reduce *Kapha*, *Vasti* should incorporate plants effective against *Kapha dosha* [9].

Author's name	Treatment	Conclusion
Mandal S et al., [1]	Cutis oil, <i>Panchtikta ghruta</i> <i>Guggulu</i> , <i>Avipattikar churna</i>	It showed the 70% relief in the signs and symptoms of tinea cruris.
Laddha S et al., [6]	<i>Nitya Mrudu Virechan</i> ) and orally <i>Aryogavardhini Vati</i> , <i>Gandhak Rasayana</i> , <i>RasaRaktapachak Kwath</i> ) and <i>Aargvadh Chakramard Takralepa</i> )	It showed the significant result in the signs and symptoms of tinea cruris.
Deshmukh SG et al., [7]	<i>Vaman</i> and cap <i>finbid</i> , <i>psora churna</i> , <i>Marichyadi taila</i> , <i>tricoderma cream</i>	It showed the 80-90% relief in the signs and symptoms of tinea cruris.
Gupta K and Mamidi P [8]	<i>Virechan</i> and <i>Aryogavardhini Vati</i> , <i>Patolkatuohrihyadi Kshaya</i>	It showed the significant result through the treatment.
Present case,	<i>Haridradigana Vasti</i> , <i>Aryogavardhini Vati</i> , <i>Gandhak Rasayana</i> , <i>Avipattikar Churna</i> , <i>Krimikuthar Rasa</i> for 8 days	It showed the significant relief in the signs and symptoms of tinea cruris.

[Table/Fig-4]: Previous studies and their conclusion.

*Aryogavardhini Vati* is used to treat *Kushtha* (skin disorders). Its main component is *Kutaki* (*Picrorhiza kurroa* Royle ex Benth). Other essential ingredients include *Eranda* (*Ricinus communis* Linn.), *Shuddha Gandhaka* (purified sulfur), *Shuddha Parada* (purified mercury), and *Lauha Bhasma* (iron ash), all processed with *Nimba* (*Azadirachta indica*) leaf juice. The formulation possesses multiple properties:

- *Pitta Virechan* (pitta-pacifying purgative)
- *Tridsha Shamak* (balances all three doshas)

- Deepan (enhances digestion)
- Pachan (aids in digestion)
- Kushthaghna (cures skin diseases)
- Kandughna (relieves itching) [10]

*Gandhak Rasayana* is effective in treating *Kushtha* (leprosy and other skin diseases), blood-related skin conditions, *Prameha* (diabetes and other urinary disorders), *Daatuksay* (dental issues), *Agnimandya* (poor digestion), and *Udarshool* (abdominal pain). Specifically, it significantly reduces *Daha* (burning sensation), *Kandu* (itching), *Ruja* (pain), and *Sparshaasahatva* (tenderness). Furthermore, it markedly improves *Tvak-Vaivarnyata* (skin discoloration) [11].

*Avipattikar Churna* is composed of several key ingredients: *Trikatu* (a mix of ginger, black pepper, and long pepper), *Triphala* (*Amalaki*, *Bibhitaki*, and *Haritaki*), *Musta* (*Cyperus rotundus* Linn.), *Vida Lavan* (vida salt), *Vidanga* (*Embelia ribes* Burm.f.), *Ela* (*Elettaria cardamomum* Linn.), *Tejpatra* (*Cinnamomum tamala* Nees and Ebern.), *Lavanga* (*Syzygium aromaticum* Linn.), *Trivritta* (*Operculina terpethum* Linn.), and *Sharkara* (cane sugar). This formulation exhibits *Deepan* (appetiser), *Pachan* (digestive), and *Mridu Virechaka* (gentle laxative) properties. It helps eliminate aggravating doshas, rectify *Agnimandya* (digestive issues), and clear *Strotorodha* (channel blockages) [12].

*Chandraprabha Vati* contains *Katu* (pungent), *Tikta* (bitter), *Kashaya* (astringent), and *Madhura* (sweet) tastes, along with *Ushna Virya* (heating potency) and qualities such as *Laghu* (light), *Ushna* (hot), *Tikshna* (sharp), and *Ruksha* (dry). It primarily influences the genitourinary system and is indicated for *Switra* (leukoderma), *Kushtha* (skin diseases), and *Bhrihat Rasaraja* [13].

*Krumikuthar Rasa* contains *bhavana* of *Bhrungraj*, *Palashbeej*, and *Undirkaani Swaras*, along with *Karpoor*, *Indrajav*, *Trayaman*, *Ajmoda*, *Vaavding*, *Hingul*, *Vatsnabh*, and *Naagkeshar*. In this formulation, *Karpoor* and *Vaavding* act as *Krumighna* (anti-parasitic), *Indrajav* as *Yakruttejak*, *Pittarechak*, and *Saaraka*, and *Hingul* as *Jantughna*, *Rasayan*, and *Yogvahi* [14].

## CONCLUSION(S)

Based on the *Lakshanas*, this case was diagnosed as *Kshudra Kushtha*. Treatment using *Shamana Chikitsa* and *Shodhana* effectively reduced the patient's symptoms, including *Tvak-Vaivarnyata* (skin discoloration). This case study provides documented evidence of successful management of tinea cruris using Ayurvedic therapies.

The patient was advised to follow *Pathya-Apathya* guidelines, including diet (*Aahar*) and lifestyle (*Vihar*) modifications, as this skin condition is prone to relapses.

**Consent:** Oral informed consent was obtained from the patient for publication of this case study.

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## REFERENCES

- [1] Mandal S, Ade V, Sawarkar P, Gamne R, Sawarkar G, Parwe S. A case report of tinea infection (Dadru Kustha) with ayurvedic intervention. *J Pharmacol Pharmacother.* 2024;15(3):349-54.
- [2] Rani J, Chaudhary S, Huddar VG, Yadava RK. Ayurvedic management of dadru kustha (tinea faciei)- A case study. *Int J Res Med Sci Technol.* 2019;8:307-16.
- [3] Shukla Vidyadhar, Ravi Dutt Tripathi. Charak Samhita of Agnivesha revised by Charaka Redacted By Drudbala with vaidya manorama' hindi commentary, Chaukambha Sanskrit pratishtthan, Delhi reprint-chapter- 7 Chikitsasthan Shloka. 2011;29-30:185.
- [4] Pippin MM, Madden ML, Das M. Tinea Cruris. [Updated 2023 Aug 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554602/>.
- [5] Shrestha SS, Bhandari M, Shrestha R, Thapa SR, Karki A, Prajapati M, et al. Study on corticosteroids use pattern in dermatological practice and investigating adverse effect of corticosteroids including its associated factors. *Kathmandu Univ Med J.* 2015;13(3):261-67.
- [6] Laddha S, Sureka V, Swan P. Management of dadru kustha (tinea cruris) through ayurveda-A case study. *World J Pharm Res.* 2021;10(5):1578-85.
- [7] Deshmukh SG, Thakre T, Gupta J, Waskar R. A case study on management of tinea cruris with classical vaman karma. *J Pharm Res Int.* 2021;33(3B):195-202.
- [8] Gupta K, Mamidi P. Ayurvedic management of tinea cruris. *Indian J Ancient Med Yoga.* 2017;10(1):38-40.
- [9] Singh V, Sawarkar P, Parwe S, Sawarkar G. Comparative evaluation of efficacy of haridradigana yoga basti with haridradigana ghana vati and metformin in the management of diabetes mellitus type II (Prameha). *Int J Health Sci.* 2012;6(S2):451-63.
- [10] Kotadiya R. A theoretical review on Arogyavardhini Vati. *International Ayurveda Publications.* 2022;7(1):2019-25. Available from: <https://www.ayurpub.com/wp-content/uploads/2022/02/2019-2025.pdf>.
- [11] Kaushik H, Tomar BS, Chawla SK. Role of gandhak rasayan in kshudra kushtha-A review article. *J Ayurveda Integr Med Sci.* 2024 May 6;9(3):168-72.
- [12] Ravte RK, Dixit AK, Mitra A, Hazra J, Sharma L. Evaluation of the efficacy of Avipattikar Churna in the management of Amlapitta. *EJGPS.* 2015;2:245-52.
- [13] Jagani P, Moharana PK. A critical review on chandraprabha vati-An ayurvedic formulation. *Journal of Ayurveda and Integrated Medical Sciences.* 2022;7(11):136-44.
- [14] Maurya S, Pachpor A, Chavan SB, Khandekar S, Yadav S. Ayurvedic management of vitiligo (shwitra): A case study *World J Pharmaceuticals Res.* 2019;13(8):1032-40.

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