

## Case Report



### Role of Ayurvedic multimodal treatment approach in the management Of Tinea Capitis - A case report

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#### ABSTRACT:

**Background:** Tinea capitis, also known as ringworm or herpes tonsurans infection, is a fungal infection affecting the scalp hair. Fungi can penetrate the hair follicle's and hair shaft causing redness, itching, dryness of scalp. In ayurveda all the skin diseases are narrated under the umbrella *maha kushta* and *kshudra kushta*. *Dadru* is one type of *kushta* which is *rakta pradoshaja vyadhi* having *kapha* and *pitta* symptoms. Due to similarity of symptoms *dadru kushta* can be well corelated to tinea capitis. In contemporary system anti-fungal's, antibiotics, anti-histamines etc are used. Whereas in Ayurveda *shodhana* and *shamana* chikitsa along with *bahya* chikitsa are indicated.

**Clinical findings:** This study presents a case of a 63 years old female patient who started with gradually progressing symptoms like Pain, itching, erythema, pus, blood discharge, burning sensation, mild hair loss. Assessment was made and *rakta mokshana* using *jalauka* was strategically implemented every 15 days for three sittings, alongside ongoing *shamana aushadi* and *bahya chikitsa* with due consideration given to *nidana parivarjana*.

**Outcome:** Promising results were noticed in the management of tinea capitis in a span of 35 days with significant reduction in symptoms and reoccurrence.

**Conclusion:** This case report demonstrates the efficacy of multimodal ayurvedic treatment involving *Shodhana*(*Jalouka avacharana*), *shamana aushadis*, *bahya chikisa* and *nidana parivarjana*, adopted for a duration of 35 days showing significant reduction in symptoms, regeneration of tissue, improved quality of life and no adverse effects. Tinea capitis was managed successfully with complete healing and no reoccurrence of symptoms was noted after 2 months of follow-up. This study highlights the treatment potential, as safe and effective option for management of tinea capitis and offers a better holistic alternative to conventional antifungal therapies.

**KEYWORDS:** Hair loss, Krimi, Case report, Tinea capitis, Scalp ringworm.

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## 1. INTRODUCTION:

Tinea capitis, also known as scalp ringworm is an inflammatory variant called kerion, it is a superficial fungal infection that mainly targets on the areas of scalp and hair shafts. It is an inflammatory reaction due to dermatophyte species belonging to the genus *Microsporum* and *Trichophyton* is the common cause of the disease. [1] Tinea capitis principally occurs in children aged between 3 to 7 years, and is noted occasionally in adults. [2] This infection is highly transmissible. [3] Clinical presentation of Tinea capitis hair loss, pus discharge and blood discharge, scaling, pruritic and erythema. A kind of inflammatory variant called kerion may also present with few similar signs such as swelling, severe pain, presence of pustules and hair loss which often mimics a bacterial infection. [4] Diagnostic findings of tinea capitis depends upon the local examination of the affected area supported by fungal analysis/testing. [5] Timely diagnosis and good medical intervention is vital in case of Tinea capitis to prevent further aggravation.

According to Ayurveda, Tinea capitis can be correlated with *Kustha* and *Indralupta* associated with improper balance *Pitta* and *Kapha dosha*. [6] The causative fungi of tinea capitis is preferably compared to a type of *Krimi* that invades hair follicles and scalp resulting in symptoms like itching, scaling, and hair fall along affected areas. [7] Management in mainly focuses on *shodhana (Jaloukavacharana)*, *shamana* and *nidana parivarjana chikitsas* helps to restore imbalanced *doshas* and promote better scalp healing. [8] Here, we report a case of Tinea capitis treated with multimodal

ayurvedic treatment modality resulting in good outcome.

### Case report:

A - 63 -year old female patient visited OPD at Kundapura rural ayurveda medical college and hospital, Karnataka on 2<sup>nd</sup> March 2025 to 6<sup>th</sup> April 2025 with chief complaint of severe pain, itching, purulent pus and blood discharge, raised lesions, scalp tenderness, scaling and redness on scalp region along with hair loss on the site of infection from past 1 year (March 2024). The history of patient suggests that she was under allopathic medications Tab Itraconazole (200mg) once a day, Tab Terbinafine (500mg) once a day Levocetirizine (10mg) once a day at night) prescribed by an allopathic dermatologist but patient had no relief from symptoms. And had no significant family history of diabetes, hypertension or any associated illness. The personal history of the patient suggests that she had severe stress, disturbed personal and social life as she was feeling difficulty with hair loss and scalp condition, her Sleep was disturbed due to severe itching. The personal history of the patient also revealed that, she excessively consumes diet rich dairy products, frequent consumption of salty and sour food items and maintenance of scalp in unhygienic manner and habitual day sleep.

### Clinical Findings:

The general examination indicated, patient was moderately built and nourished. Systemic examination showed that the patient was conscious and fully-oriented to time, place and person. Vital examination revealed a blood pressure of 110/90 mmHg, pulse rate

of 81 beats per minute, with respiratory rate of 18/min, and body temperature of 100.4°F. No significant abnormality was noted on respiratory and cardiovascular examination.

On local dermatological examination, the scalp was tender with mild swelling mass, purulent discharge from the follicles, erythematous region, and yellow crusts also known as scutula are observed at base of the hair shafts with broking hairs forming patterns like partial alopecia accompanied by dryness, bleeding, itching and hair fall was noticed. Active bleeding was noted along with pus on scalp. The presentation was asymmetrical.

#### Diagnostic Assessment:

On basis of Patient complaints and clinical findings of patient, alopecia areata, scalp psoriasis, seborrheic dermatitis was taken as differential diagnosis. Based on history of the patient we did not find any symptoms of findings of alopecia areata, seborrheic dermatitis, scalp psoriasis so the case was diagnosed as Tinea capitis.

(Figure 1(a))

After over viewing the above symptoms the present case was diagnosed as tinea capitis and compared with *indralupta* and *dadru kushta* as per Ayurveda and treatment was planned accordingly.

**Table 1: Showing Therapeutic Intervention**

S.no	Plan of procedure	Procedure/Dose, Anupana	2/03/2025	6/03/2025	21/03/25	6/04/2025
1	<i>Shodhana Jaloukava Acharana</i>	<i>Jalouka Avacharana</i>		✓	✓	✓
2	<i>Prakshalana</i>	<i>Triphala - Nimba- Aragwadha Kashaya</i> once daily	✓	✓	✓	
3	<i>Lepa</i>	<i>Shuddha Gandhaka-Haridra churna lepa</i> twice daily	✓	✓	✓	✓

## 2. THERAPEUTIC INTERVENTION

The treatment plan was developed using an ayurvedic approach, with a combination of *shodhana (jaloukavacharana)*, *shamana*, *bahya chikitsa* and *nidana parivarjana*. The condition and complications of the infection was clearly explained to patient and her relatives. The treatment protocol was adopted after obtaining their consent. The patient received *jalouka avacharana* every 15 days for 3 times, external treatments like *prakshalana* with *Triphala - Nimba-Aragwadha Kashaya* twice daily followed by *Shuddha Gandhaka-Haridra churna lepa*. *Shamana aushadis* such as *Gandhaka rasayana*, *Arogyavardhini vati*, *Triphala Kashaya*, *Krimikutara rasa*, *Panchatikta ghrita guggulu*, *Aragwadha Kashaya*, *Khadirarista*. (Table -1) and *Nidana parivarjana*, to avoid dairy products, fermented foods, salt, spicy, sour foods. Advised foods possessing light, astringent, bitter tastes and maintain proper hygiene and cleanliness of the scalp. Exposure of affected site to severe heat, using hot water and strong shampoos for hair wash were avoided

#### TIMELINE:

4	<i>Aragwadha Kashaya</i>	15 ml BID BF with water	✓	✓	✓	
5	<i>Khadirarista.</i>	10 ml BID AF with water	✓		✓	✓
6	<i>Gandhaka rasayana</i>	250 mg TID AF with water	✓	✓	✓	
7	Cap. Grab	500 mg 1 BID AF with water	✓	✓		
8	<i>Krimikutara rasa</i>	125 mg BID BF with <i>kashaya</i>		✓	✓	
9	<i>Panchatikta ghrita guggulu</i>	250 mg TID AF with water	✓	✓	✓	
10	<i>Arogyavardhini vati</i>	250 mg BID AF with water				✓
11	<i>Triphala Kashaya</i>	15 ml BID BF with water				✓

BID -Two times daily, TID - Thrice daily, AF - After food with water, BF - Before food.

### Follow up and Treatment outcome:

The patient was regular for follow ups every 15 days after initiation of treatment to assess condition of scalp. Modifications of medicines based on the condition of the scalp was done during each visit. During the 1<sup>st</sup> visit the entire yellow crust on surface of scalp was removed, on the 4<sup>th</sup> day after the visit 1<sup>st</sup> sitting of *jalouka avacharna* was performed with a frequency of every 15 days, while *prakshalana* and *lepa* was performed everyday, During 3<sup>rd</sup> visit there was reduction in blood and pus discharge, itching, while redness of the scalp was still present. During 4<sup>th</sup> visit healing was noted and growth of hair was observed. The patient was again called 12 days after her previous visit there was no reoccurrence of symptoms. The next review was

scheduled up after 1 month of treatment on 7/6/25 there was no any reoccurrence of symptoms found.



(a)	(b)	(c)	(d)
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**Figure 1 :**  
(a) Before treatment - Scalp findings with crust, pus and blood discharge (02/03/25)  
(b) After complete crust removal (06/03/25)  
(c) No Pus and blood discharge, while erythema still persists (21/03/25)  
(d) After treatment - Signs of healing is noted (06/04/25)

**Table 2: Assessment of Symptoms**

S.no	Date	Before	After
1	02/03/25	Severe pain, itching, purulent pus blood discharge, scaling, raised lesions, burning sensation and redness on scalp region along with hair loss	Yellow crust was removed.
2	06/03/25	Complaints persist.	No active bleeding.
3	21/03/25	Mild pain noted.	No blood and pus discharge, redness was present.

4	06/04/25	No complaints.	Signs of healing were noted along with growth of hair.
5	07/06/25 (Latest follow up after 2 month of treatment)	Assessment of scalp condition for any pus and blood discharge along with presence of erythema, scaling, pain, itching, hair loss was done	Assessment revealed complete healing of symptoms on scalp showing better scalp health with new hair growth and there was no reoccurrence of symptoms

### 3. DISCUSSION

Tinea capitis a dermatophytic (Fungal) infection often identified as conditions of *dadru kushta* and *indralupta* in ayurveda. [9] Despite the availability of various antifungal medicines and topical applications, issues like recurrence, poor compliance, resistance etc hinders long term success of condition. This clinical condition is characterised by *kapha-pitta dosha pradhana*, involvement of *twak, rakta dhatu*. The rationality of the therapeutic intervention was grounded in proper balance of vitiated doshas and eradicating the *krimi* (Fungal infection) comprising *Shodhana (Jalouka avacharana)*, *shamana aushadis*, *bahya chikitsa* and *nidana parivarjana*.

*Jaloukavacharana* was done on the affected site during her 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> visits. It effectively helps in removal of the vitiated blood, purify the body by deep seated doshas and helps in reducing the inflammation along with tissue revitalisation. The contents present in the saliva of leech helps to reduce the mast cell mediated inflammatory reactions and hence serve as an anti-inflammatory agent. [10] *Panchatikta ghrita guggulu* and *Arogya vardhini vati* was advised to balance *pitta-kapha dosha*, remove *dushita rakta* and support dermal regeneration. [11] *Gandhaka rasayana* possessing *kushtaghna, krimighna* and *rasayana* properties does

purification of blood and tissue repair. [12] *Krimikuthara rasa* acts as an antifungal medication having strong *krimighna* property. [13] *Prakshalana* with *Triphala-Nimbha-Aragwadha Kashaya* and *lepana* done with *Shuddha gandhaka -Haridra churna* acts as anti-bacterial, anti-inflammatory agents aiding in reduction of itching, pus formation. [14] *Triphala Kashaya* and *khadirarista* effectively does detoxification and accelerate healing process. [15] The therapeutic strategy implemented, targets on various levels of disease pathology, addressing imbalance of doshas, local infection and inflammation along with *krimi*.

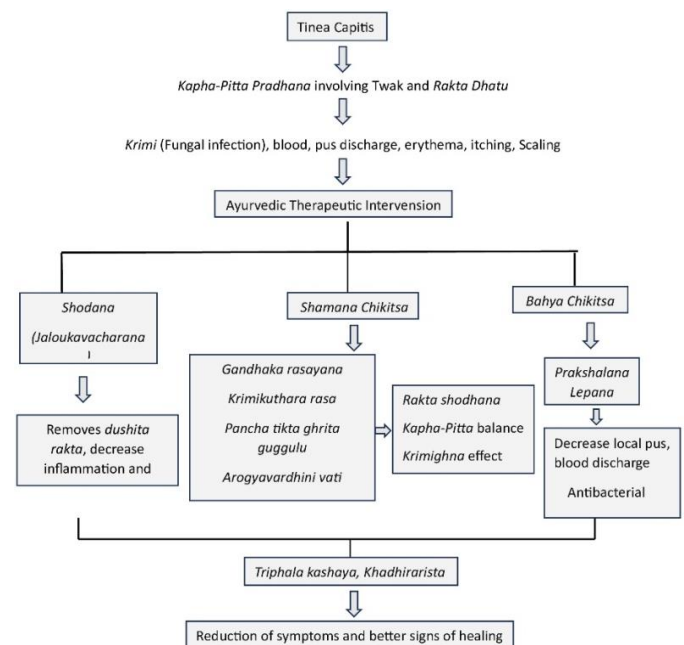


Figure 2: Flow chart of Mode of Action

#### 4. Conclusion

The patient was diagnosed with Tinea capitis and was treated with multimodal therapeutic intervention involving *Shodana (jalouka avacharana)*, *Bahya chikitsa (lepa, Prakshalana)*, *Shamana aushadis*, *nidana parivarjana* for a duration of 35 days, leading to significant reduction of symptoms, better tissue regeneration and no side effects throughout the course of treatment. Follow up done after two months confirmed no recurrence of symptoms, improved quality of life and sustained symptom resolution. Throughout the period of treatment intervention and two months of follow up, gradual improvements were seen in every assessed symptom. This case underscores the potential of multimodal ayurvedic treatment protocol as safe and effective treatment option for management of tinea capitis and provides a better holistic alternative to conventional antifungal treatments.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Patient perspective** - The patient was very pleased and satisfied with the treatment approach. Despite prolonged allopathy treatment, she had experienced no improvement. However after receiving Ayurvedic treatment the patient noted remarkable reduction of symptoms and improved scalp condition and improvement in overall quality of life regaining hope.

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