

CASE STUDY

Management of *Mandala Kushtha* through Shodhana Therapy: Case Study

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ARTICLE INFO

Article history:

Received on: 04-11-2024

Accepted on: 21-01-2025

Published on: 31-03-2025

Key words:

Kushtha,
Mandal Kushtha,
Shodhana Chikitsa

ABSTRACT

Psoriasis, a chronic dermatological disorder, is characterized by erythematous lesions covered with silvery scales, significantly affecting patients' physical and mental well-being. Its impact extends beyond cosmetic concerns, impairing quality of life. Conventional treatments for psoriasis often fail to provide a cure and may sometimes exacerbate symptoms. Globally, psoriasis accounts for 8% of dermatological cases, with an estimated prevalence of 2.5% and a male-to-female ratio of 1.1:1. This case report details the treatment of a 32-year-old male patient with a 3-year history of skin lesions on the scalp, upper back, and abdomen. The lesions were marked by red demarcations, silvery scaling, intense itching, and scales that detached with rubbing. Clinically, the condition was identified as *Mandala Kushta*, a subtype of *Kushta* in Ayurveda, characterized by raised patches (*Utsana Mandalam*), stability (*Shiram*), hardness (*Styanam*), and whitish-red lesions (*Shwetam Raktam*). The patient underwent traditional Ayurvedic therapies, including *Vamana Karma* (therapeutic emesis) and *Virechana Karma* (therapeutic purgation), which were administered in line with classical principles for treating *Kushta*. Outcomes were evaluated using the Psoriasis Area and Severity Index (PASI) and photographic evidence taken before treatment, immediately after, and 2 months post-intervention. Following the therapy, there was a marked reduction in scaling, induration, and itching, with only hyperpigmented pink lesions remaining. *Mandala Kushta*, also referred to as *Mahakushta*, arises from the vitiation of *Kapha dosha* (*Sleshma*) and is associated with symptoms such as red spots, raised patches, itching, and burning sensations. Contributing factors include moisture-inducing diets (*Kledakar Ahar*), dosha imbalances (*Dosha Vaishamy*), channel obstructions (*Srotavarodha*), suppression of natural urges (*Vegadharana*), microbiological factors (*Krimi*), and psychological conditions (*Manovikaras*). The involvement of *Tri-dosha*, along with *Rakta*, *Mamsa*, and *Twak*, underscores the need for a holistic treatment approach. Clinical studies demonstrate that *Shodhana Chikitsa*, followed by *Shamana Chikitsa*, is more effective in managing psoriasis than either therapy alone. This case highlights the efficacy of Ayurvedic treatments, particularly *Shodhana Chikitsa*, in managing psoriasis.

1. INTRODUCTION

Our skin plays a crucial role in protecting our body and allowing us to experience sensations. It acts as a barrier against external trauma and environmental factors. One condition that affects the skin's health is *Mandala Kushtha*, a disorder that shares similar characteristics with psoriasis, a well-known skin condition.^[1]

In Ayurveda, *Mandala Kushtha* is described as a skin disorder marked by features such as white-red patches, firm lesions, and elevated,

circular skin areas. It is considered one of the more serious types of skin diseases, often categorized under *Maha Kushtha* (major skin diseases). This condition primarily results from an imbalance in *Kapha Dosha*, and it involves disturbances in the body's tissues, especially the *Rakta* (blood) and *Mamsa* (muscle) tissues.^[2] While this condition can cause discomfort and emotional distress due to its visible nature, it is typically treated through Ayurvedic purification therapies, such as *Shodhana Chikitsa*.^[3]

From a modern medical perspective, psoriasis is a chronic condition where the skin cells grow at an accelerated rate, leading to rough red patches covered with white scales. These patches often appear on areas such as the scalp, elbows, knees, and lower back. Psoriasis is not

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contagious, but it can run in families. The condition typically begins in early adulthood and can appear in isolated patches or cover larger areas in more severe cases. It tends to flare up in cycles, with periods of remission and worsening.^[4]

Interestingly, *Mandala Kushtha* aligns closely with plaque psoriasis in modern terms, as both share similar symptoms, such as red, scaly patches on the skin. While psoriasis can vary in its presentation – ranging from small spots to larger outbreaks – it is a lifelong condition, and managing its symptoms often requires both medical and lifestyle interventions.^[5]

Whether viewed through the lens of Ayurveda or modern medicine, understanding the cause and manifestation of *Mandala Kushtha* or psoriasis helps in finding the right approach for managing this challenging skin condition.

2. CASE REPORT

2.1. Patient Information

A 32-year-old male patient with a clinical diagnosis of psoriasis visited to the outpatient department of the *Panchakarma* Department at the National Institute of Ayurveda, Jaipur, India, under registration number 332024260462 (Date of enrollment: July 20, 2024).

2.2. Presenting Complaints

The patient presented with chronic and extensive skin lesions, predominantly localized to the scalp, upper back, and abdomen. These lesions had persisted for a duration of 3 years, characterized by well-demarcated erythematous patches. The affected areas exhibited silvery scales that detached upon mild abrasion. The patient reported persistent pruritus and significant discomfort associated with the lesions.

2.3. Clinical Findings

Upon routine general examination, the patient appeared in overall good health, without any significant comorbidities. A dermatological examination revealed the presence of well-defined erythematous plaques with overlying silvery scales, predominantly on the scalp, upper back, and abdomen. The patient also reported exacerbation of symptoms due to environmental triggers, such as heat and psychological stress, which contributed to the intensity of the itching and discomfort.

3. MATERIALS AND METHODS

Treatment protocol first, we explained to the patient about Panchakarma therapy and the necessity of the treatment. A detailed description of Vamana Karma and Virechana Karma's procedure is explained in Tables 1 and 2.

3.1. Intervention

Explain in Tables 1 and 2

4. RESULTS AND DISCUSSION

The patient was evaluated using the PASI score before treatment (B.T.), following treatment (A.T.), and 2 months after treatment was finished mentioned in Table 3.

After Snehana, the patient's itching worsened and did not get better. Following the completion of Shodhana, the itching gradually stops,

leaving just a pinkish hyperpigmented lesion on the side that was afflicted. Images that display the outcomes of treatment follow-up.

Images demonstrating outcomes following 30 days treatment follow-up mentioned in Figure 2.

4.1. DISCUSSION

4.1.1. Probable mode of action

Acharya Charaka has emphasized that *Kushtha* is a *Tridoshaja* condition involving the simultaneous vitiation of *Vata*, *Pitta*, and *Kapha*. In such cases, *Shodhana* therapy (purification) is considered the most effective treatment to address the accumulation of excessive *Doshas* (*Bahudosha*).

To prepare the body for purification, *Panchakola Churna* was administered during the *Deepana-Pachana* phase. This step aims to enhance digestion and metabolic activity, ensuring that the body is ready for the subsequent therapeutic interventions.^[6] During the *Poorvakarma* stage, *Snehana* (internal oleation) was employed to liquefy the vitiated *Doshas* (*Vishyandana*) and soften the bodily channels (*Shrotasa*).^[7] Meanwhile, *Swedana* (therapeutic sweating) assisted in breaking down obstructions (*Sanghata*) within these channels, facilitating the movement of *Doshas* from peripheral tissues (*Shakha*) to the gastrointestinal tract (*Koshtha*) for easier elimination.^[8]

The primary treatments, *Vamana* (therapeutic emesis) and *Virechana* (therapeutic purgation), were administered with the objective of evacuating the morbid *Doshas*.^[9] Since all types of *Kushtha* are *Tridoshaja* in nature, both therapies were necessary to achieve complete detoxification. In cases of *Mandala Kushtha*, where *Kapha* predominance is observed, *Vamana* is particularly effective as the first-line treatment. Following *Vamana*, *Virechana* was performed to ensure comprehensive purification, thereby reducing the likelihood of recurrence.^[10]

Post-treatment observations revealed significant improvement in the patient's symptoms. However, since *Shodhana* temporarily weakens digestive strength (*Agni*), a carefully planned diet of light, easily digestible foods was prescribed to support the gradual restoration of appetite and digestive function.

5. CONCLUSION

Psoriasis is a chronic skin condition that can be difficult to manage and greatly affects a person's quality of life. Therapies such as Sanshodhana, which include Vamana (therapeutic emesis) and Virechana (therapeutic purgation), have proven to be highly effective in treating Mandala Kushtha (psoriasis). These treatments not only provide significant relief from symptoms but also help address the root cause of the condition, promoting long-term healing and well-being.

6. ACKNOWLEDGMENTS

Nil.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

8. FUNDING

Nil.

9. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case study.

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

12. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliation.

REFERENCES

1. Psoriasis statistics and prevalence; (n.d). Available from: <https://www.psoriasis.org> [Last asseed on 2024 Oct 10].
2. Easy Ayurveda. Characteristics of Mandala Kushta; (n.d.). Available from: <https://www.easyayurveda.com> [Last asseed on 2024 Oct 10].
3. Bhati A, Yadav CR, Gurao R. Scope of ayurveda in the management of kushtha (skin diseases). *Int Res J Ayurveda Yoga*. 2024;7(4): 45-49.
4. Armstrong AW, Mehta MD, Schupp CW, Gondo GC, Bell SJ, Griffiths CEM. Psoriasis prevalence in adults in the United States. *JAMA Dermatol*. 2021;157(8):940-6.
5. PubMed Central (PMC). Clinical evidence supporting Shodhana and Shamana therapies; (n.d.). Available from: <https://www.ncbi.nlm.nih.gov> [Last asseed on 2024 Oct 10].
6. Indian Dermatology. Epidemiological pattern of psoriasis vitiligo and atopic dermatitis in India: Hospital-based point prevalence. *Indian Dermatol*. 2014;5(5):6-8.
7. Shastri K. Charaka Samhita, Vidyotini Hindi commentary, Uttardha, Chikitsasthan 7/41. Varanasi: Chaukhambha Bharati Academy; 2012.
8. Srivastav SJ. Sharangdhar samhita, hindi commentary, Madhyamkhanda 6/13-14. Varanasi: Chaukhambha Orientalia; 2005.
9. Shastri K. Charaka Samhita, Vidyotini hindi commentary, poorvardha, sutrasthan 22/10. Varanasi: Chaukhambha Bharati Academy; 2009.
10. Soni A, Sharma K, Mangal G. Effect of shodhana therapy in Mandala Kushtha (psoriasis): A case study. *Res Rev J Unani Siddha Homeopathy*. 2018;5(3):24-8.

How to cite this article:

Arju, Kaswan M, Mangal G. Management of *Mandala Kushtha* through Shodhana Therapy: Case Study. *IRJAY*. [online] 2025;8(3);37-41.

Available from: <https://irjay.com>

DOI link- <https://doi.org/10.48165/IRJAY.2025.80305>

Table 1: Date-wise Vamana Karma (Therapeutic Emesis) intervention schedule

Phase	Date	Intervention
Poorvakarma		
1. Deepana-Pachana	July 20, 2024–July 22, 2024	Panchakola Churna (5 g) was administered twice daily for 3 days to enhance digestion and metabolism.
2. Snehapana (Internal Oleation)	July 23, 2024–July 28, 2024	Cow ghee was given in increasing doses (30–150 mL) over 6 days until the signs of proper oleation (<i>Samyaka Snehana Lakshana</i>) were achieved.
3. Gap day	July 29, 2024	Sarvanga Abhyanga (full-body massage) with <i>Dashmoola Taila</i> and Sarvanga Swedana (therapeutic sudation) were performed in the morning. The patient was advised to consume a Kapha-inducing diet (<i>Kaphoutkleshaka Ahara</i>), including milk, curd, and <i>Masha Khichadi</i> (black gram), the night before Vamana Karma.
Pradhanakarma	July 30, 2024	Vamana Karma (Therapeutic Emesis): The patient was instructed to bathe after passing natural urges. Abhyanga and Swedana were done in the morning. Rice soup (<i>Yavagu</i>) with rock salt and cow ghee was given first, followed by milk (<i>Akanthapana</i> – full stomach). To induce emesis, <i>Vamak Yoga</i> (a formulation including <i>Madanphala</i> , <i>Vacha</i> , and <i>Saindhav Lavana</i>) was administered. <i>Yashtimadhu Phanta</i> (licorice decoction) was given repeatedly until signs of proper purification (<i>Samyak Shuddhi Lakshana</i>) were observed.
Vamana Karma Observations		<i>Vaigiki</i> (Total <i>Vamana Vega</i>): Eight <i>Vega</i> (vomiting bouts) <i>Maniki</i> (Measurement): 8.5 L of input, 9 L of output <i>Laingiki</i> (Symptoms): Signs of proper purification (<i>Samyak Shuddhi Lakshana</i>) were observed <i>Antiki</i> (Endpoint): <i>Pittanta</i> (endpoint with bile expulsion)
Paschatkarma	July 30, 2024–August 04, 2024	Post-therapy care included <i>Dhoompana</i> (medicated smoke inhalation) immediately after Vamana Karma. A specific post-therapy diet schedule (<i>Samsarjana Krama</i>) was followed for 7 days, tailored to the level of purification (<i>Pravara Shuddhi</i>). After 1 day of rest on a regular diet, <i>Virechana Karma</i> (therapeutic purgation) was planned.

Table 2: Date-wise *Virechana Karma* (Therapeutic Purgation) Intervention Schedule

Phase	Date	Intervention
Poorvakarma	August 06, 2024–August 08, 2024	Snehapana (Internal Oleation): Administered in increasing doses (50–110 mL) for 3 days, similar to the Vamana Karma protocol. After Snehapana, Sarvanga Abhyanga (full-body massage) and Sarvanga Swedana (therapeutic sudation) were performed daily for the next 3 days.
Gap Days	August 09, 2024–August 11, 2024	The patient was placed on a regimen of liquid (<i>Drava</i>), warm (<i>Ushna</i>), and light (<i>Laghu</i>) foods, including meat soup with rice, to prepare for <i>Virechana Karma</i> .
Pradhanakarma	August 12, 2024	<i>Virechana Karma</i> (Therapeutic Purgation): After passing natural urges and taking a bath, Sarvanga Abhyanga and Swedana were performed in the morning at 10:00 AM. <i>Virechana Yoga</i> (purgative formulation) was administered on an empty stomach. The formulation included <i>Triphala Kwath</i> (120 mL decoction), <i>Trivrit Churna</i> (5 g powder), and <i>Danti Churna</i> (3 g powder). The patient was advised to sip lukewarm water as needed during the procedure. Vitals were closely monitored throughout to ensure safety and prevent adverse effects.
<i>Virechana</i> Observations		<i>Vega</i> (total purging episodes): 16
Paschatkarma	August 12, 2024–August 16, 2024	<i>Samsarjan Krama</i> (advised regimen for some time to get homeostasis) was advised for 5 days.

Table 3: Assessment of PASI score

Time period	PASI score	Percentage relief
Before treatment	20.8	-
After treatment	16.5	21
After follow-up	10.2	51

PASI: Psoriasis area and severity index

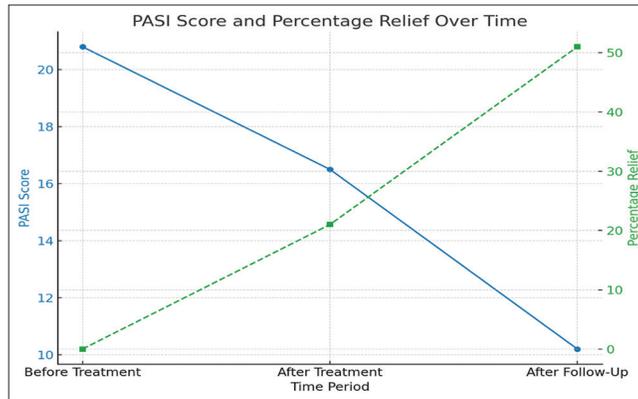


Figure 1: Assessment of psoriasis area and severity index score before treatment, after treatment, and after follow-up



Figure 2: (a) Before treatment, (b) after treatment and (c) after 30 days follow-up