



Case Study

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MANAGEMENT OF PSORIASIS (MANDALA KUSHTHA) THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT

Background: Psoriasis is a chronic and non-infectious skin disease characterized by circumscribed erythematous scaly lesions. It has an unpredictable course of remission with multifactorial causes like stress, lifestyle changes, and dietary habits. The point prevalence of psoriasis is 8% of total dermatological disorders. Treatment available in the contemporary system is not curative but suppressive only. In Ayurveda, the disease can be correlated with Mandala Kushtha due to the resemblance of signs and symptoms. Shodhana is the treatment of choice in Kushtha but due to subnormal psychological and physical strength, Shamana Chikitsa was adopted. Method: In the present case study, a 25 years old female patient consulted OPD no. 3 of National Institute of Ayurveda, Jaipur with the signs and symptoms of erythematous scaly patches, itching, over affected areas since last 1 year. The Psoriasis area severity index was noted 14.4. She was treated with Ayurveda formulations i.e. Ashtamurti Rasayana, Rasmanikya, Shudha Gandhak, Vidang Churna, Arogyavardhini Vati, Panch Nimba Churna, and so on. Pathya and Apathya were advised to her. Result: After 2 months of treatment, cessation of new lesions and marked reduction of itching and pain were observed. Her PASI score decreased to 7. In the next 4 months, the elevation of lesions and scale disappeared, and the skin surface regained its normal texture. Discussion and Conclusion: These Ayurvedic drugs having Kaphahara, Kandughna, and Kushthghna properties balance morbid Dosha, pacifies the Rakta and Mamsa and thus relieves itching, reduce Kleda and suppress the overall pathological progression of disease. Therefore Ayurvedic intervention has shown effective potential in treating psoriasis (Mandala Kushtha).

Keywords: Ayurveda, Mandala Kushtha, Psoriasis, PASI Score, Shamana Chikitsa

INTRODUCTION

Psoriasis is a chronic and non-infectious skin disease characterized by circumscribed erythematous lesions surmounted with silvery scales. It commonly affects the scalp, trunk, and extensor surfaces of the limbs. It is a disease of unknown aetiology with multifactorial causes like stress, lifestyle changes, and dietary habits.

The point prevalence of psoriasis is 8% of total dermatological disorders. Among the psoriasis patients, the ratio of male to female was 1.1:1. It affects 2.5% of the world's population.¹ Current treatments, including topical and oral steroids and PUVA therapy, often come with significant side effects and do not provide long-lasting relief. Relapse and remission are very common. The disease affects the quality of life of the patients in physical as well as mental ways. Hence there is a need for newer drugs that can provide quick and permanent relief.

In Ayurveda, all the skin diseases are broadly categorized under Kushtha. Psoriasis can be correlated with Mandala Kushtha due to the resemblance of signs and symptoms like Shweta Rakta Mandala (reddish round silvery patches), Anonyasaktam (merging in each other), Kandu (itching), Anashugam (slow progress). It is described as one of the Maha Kushtha. Kushtha in general is a Tridoshaja disease and Mandala Kushtha is the disease with Kapha Dosha dominancy.² Ayurveda has described Shodhana Chikitsa before Shamana Chikitsa as the principle line of treatment. The treatment protocol is ascertained on the basis of

stage of the disease, the general physical condition of the patient, and the presence of complications, if any. Shamana Chikitsa alone has also shown results in the treatment of Mandala Kushtha. This case report signifies the importance of Shamana Chikitsa in the treatment of Mandala Kushtha.

CASE REPORT

A 25-year-old housewife female with a known case of psoriasis visited the outpatient department (OPD) of National Institute of Ayurveda, Jaipur (OPD no. 145608), presented with chief complaint of erythematous elevated scaly lesion with severe itching over upper, lower limb, head and trunk. Lesions were surmounted with silvery scales and falling after scraping. Her history revealed that she first developed a lesion on her left leg before 1 year; for which she consulted dermatologist. During treatment, she developed symptoms such as anxiety, loss of sleep, irritability, and depression. She did not get any relief, and the lesions spread to other parts of the body. She visited OPD of National Institute of Ayurveda to seek Ayurveda treatment.

History of past illness: No history of previous surgery or other major illness was found.

Clinical findings

General examination: on the basis of Ashtavidha Pariksha.

Table 1: Ashtavidha Pariksha

Pariksha	Pramana
Nadi (Pulse)	82/min
Mala (Stool)	Irregular
Mutra (Urine)	Normal
Jihva (Tongue)	Coated (Saama)
Shabda (Speech)	Normal
Sparsha (Skin)	Dry (Ruksha)
Drika (Eyes)	Normal
Akriti (Built)	Medium (Madhyama)

Vitals were stable.

Appetite- Good

Sleep- Disturbed due to itching

Bowel- Irregular

Bladder- Clear.

Clinical examination: Atur Bala Pramana (strength of individual) was assessed by Dashvidh Parikshya Bhava.

Table 2: Dashvidhparikshya Bhava

Prakriti	Kapha-Vata
Vikriti	Kapha-Vataja
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satva	Avara
Satmya	Avara
Ahara Shakti	Madhyama
Vyayam Shakti	Avara
Vaya	Madhyama

Skin examination

1. Inspection of the lesion

- Size and shape - Erythematous scaly round lesions over the upper limb, lower limb, trunk, and head.
 - Colour- Erythematous lesions with or without whitish or silvery scales
 - Uniformity- Elevated top with well-circumscribed and bilaterally distributed lesions
 - Morphology- Plaques
- ### 2. Palpation of the lesion
- Moisture- Dryness, no sweating
 - Temperature- Warm to touch
 - Texture- Rough
 - Mobility and turgor- Reduced

Signs

- Auspitz Sign- Positive
- Candle grease sign- Positive

Diagnosis

The diagnosis was made on the basis of classical signs and symptoms. The lesions exhibited characteristics such as Utsannmandalam (elevated patches), Swetaraktabh (white and red discoloration), Bahu Kandu (intense itching), Bahu Kleda (excessive moisture), Snigdha (oily), Alpa Srava (slight discharge), Anashugam (chronic) in nature. These symptoms corresponded to Mandala Kushtha as described in classical texts. The severity of the disease was evaluated using the PASI score, which was measured 14.4.

Treatment and management

The Ayurveda treatment regimen prescribed to the patient is as follow

Table 3: Treatment plan

Medicine	Dose	Anupana	Route	Duration
Before Meal				
Haridra Khand	1 tsp BD	Lukewarm water	Oral	2 months
Panchtikta Ghrita	10 ml BD			
After Meal				
Ashthamurti Rasayan	250 mg BD	Lukewarm water	Oral	2 months
Shudha Gandhak	500 mg BD			
Ras Manikya	125 mg BD			
Panchnimba Churna	2 gm BD			
Vidang Churna	500 mg BD			
Arogyavardhini Vati	500 mg BD			
Patoladi Kwath	20 ml BD	with equal water		
Psoria oil	Q.S. 4-5 times a day	-	External application	2 months
At night				
Triphala Churna	3 gm	Lukewarm water	Oral	2 months

Table 4: 1st Follow-up

Medicine	Dose	Anupana	Route	Duration
After Meal				
Ashthamurti Rasayan	125 mg BD	Lukewarm water	Oral	2 months
Shudha Gandhak	500 mg BD			
Panchnimba Churna	2 gm BD			
Vidang Churna	500 mg BD			
Arogyavardhini Vati	500 mg BD			
Psoria oil	Q.S. 2-3 times a day	-	External application	2 months
At night				
Triphala Churna	3 gm HS	Lukewarm water	Oral	2 months

Table 5: 2nd Follow-up

Medicine	Dose	Anupana	Route	Duration
After Meal				
Shudha Gandhak	500 mg BD	Lukewarm water	Oral	2 months
Panchnimba Churna	2 gm BD			
Arogyavardhini Vati	500 mg BD			
Psoria oil	Q.S.	-	External application	2 months

The assessment was done before treatment, after 2 months, 4 months, and after 6 months of intervention to evaluate the efficacy of treatment based on Psoriasis area severity index (PASI) score.

RESULT

Follow-up and outcome

Pictures of the affected area were taken at the initiation of treatment and subsequently at each visit to assess improvement in the PASI Score for evaluating the efficacy of treatment. The follow-up of the patient was taken every 15 days. After 2 months of interventions it was found that appearance of new lesions had completely stopped and she got relief from anxiety, loss of sleep, and irritability. Botherome symptoms like itching and scaling were found to be considerably reduced however the elevation of the lesions persisted in the patient. PASI was found 7. After 4

months of treatment PASI score decreased to 1.5, scaling disappeared and slight blackening of the skin appeared. After completing 6 months of treatment, it was observed that all symptoms had completely subsided, including the elevation of the lesions. The skin had returned to its normal texture, with no signs of relapse.

Grading³

PASI (Psoriasis Area Severity Index) Score: The severity of psoriasis in each body area is assessed using three clinical signs: Severity parameters are measured on the scale of 0 to 4, from none to maximum. The body is divided into four sections [head (H) (10 % of a person's skin); arms (A) (20%); trunk (T) (30%); legs (L) (40%)]. Each of this area is scored by itself, and then the four scores are combined into the final PASI. For each section, the percent of area of skin involved, is estimated and then transformed into a grade from 0 to 6.

Table 6: Area involved with grading

0% of involved area	Grade 0
<10% of involved area	Grade 1
10-29% of involved area	Grade 2
30-49% of involved area	Grade 3
50-69% of involved area	Grade 4
70-89% of involved area	Grade 5
90-100% of involved area	Grade 6

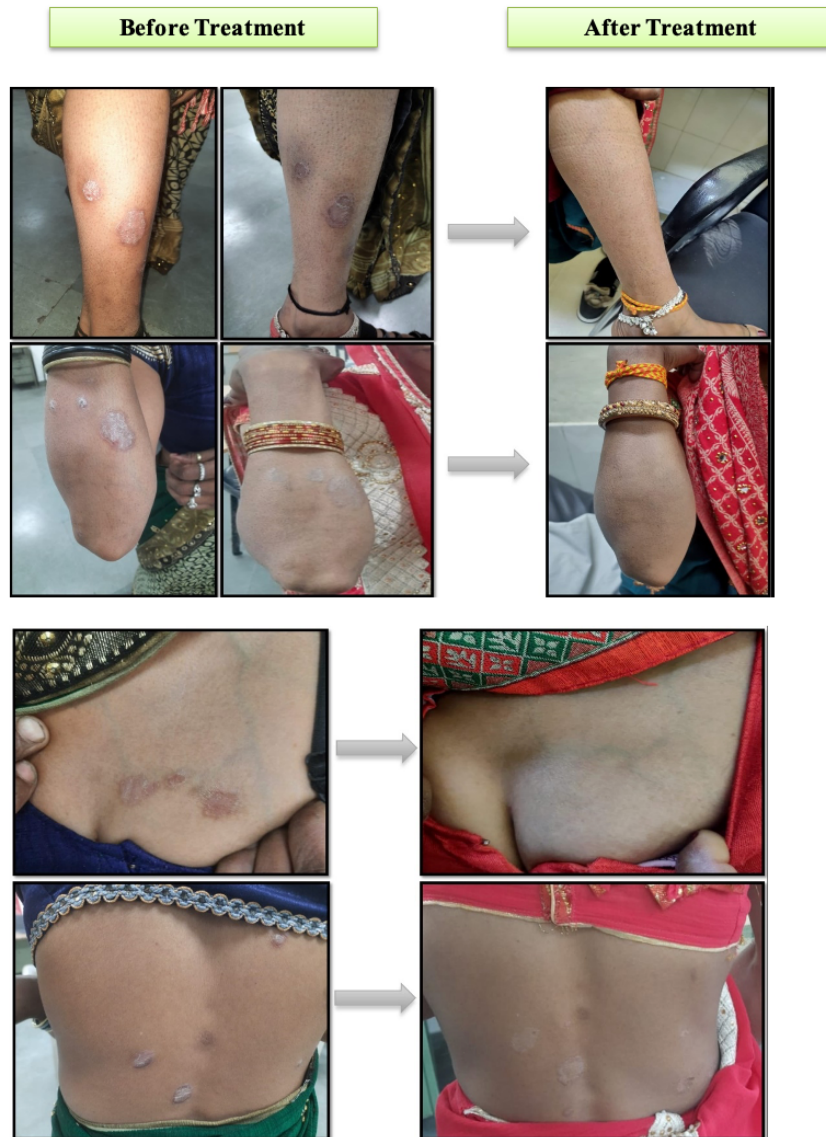
Table 6: Assessment criteria of 6 months of treatment

		Skin area involved Grade-A	Erythema (Redness)	In duration (Thickness)	Desquamation (Scaling) E+I+D=B	Total: Ax+B	Total Body Surface area	Total PASI Score
A	BT	2	2	2	2	12	12x.2=2.4	14.4
T		2	2	2	2	12	12x.3=3.6	
L		3	2	2	3	21	21x.4=8.4	
A	2 months	1	1	1	1	3	3x.2=.6	7
T		2	1	2	1	8	6x.3=1.8	
L		2	2	2	1	10	10x.4=4	
A	4 months	1	0	0	0	0	0x.2=0	1.5
T		1	1	0	0	1	1x.3=.3	
L		1	1	1	1	3	3x.4=1.2	
A	6 months	0	0	0	0	0	0x.2=0	0
T		1	0	0	0	0	0x.3=0	
L		0	0	0	0	0	0x.4=0	

BT=Before Treatment, A=Arms, T=Trunk, L=Legs

Table 7: Overall result of treatment

	Before treatment	After treatment
Erythema (Redness)	++	-
In-duration (Thickness)	++	-
Desquamation (Scaling)	+++	-
Itching	++++	-



DISCUSSION

Case conceptualization

The Ayurvedic perspective of this case presenting with the elevated erythematous scaly lesion with slow progression can be conceptualized based on the clinical presentation. *Kandu* (Itching), *Snighdhta* (unctuous), and *Srava* (discharge) are the features of *Kapha* *Dosha*. This condition aligns with *Kaphaja Kushtha* according to symptomology. Classical texts have explained various types of *Aharaja* (dietary), *Viharaja* (daily regime), and *Vachik* (verbal) *Nidana* for *Kushtha*. Consumption of *Viruddha Ahara* (incompatible food), *Vegdharana* (suppression of natural urges), *Papakarma* (sinful activities), and *Divaswapna* (daytime sleeping) are the causative factors of *Kushtha*.

In the present case, the patient was taking incompatible diets like salty items with milk, heated curd, fast food, hot and cold item together, *Divaswapna*, and taking excessive stress that leads to simultaneous vitiation of *Dosha* and *Shaithilya* (loosening) in *Dhatu*, vitiated *Dosha* further affects *Shithila Dhatus* leading to manifestation of disease. The exact mechanism of such

pathogenesis in the modern context needs to be understood. According to Ayurvedic prognosis, this condition is categorized under *Krichhsadhya Vyadhi* (difficult to treat), as the *Dosha* constitution of the patient aligns with the disease. Although *Shodhana* is the treatment of choice in *Kushtha* due to *Avara Sattva* (sub normal psychological strength), *Shamana Chikitsa* was adopted. Considering the involvement of *Dosha* and *Dushya* and analysis of the aetiological factor of the disease, the multimodal Ayurvedic approach consisting of *Aushada*, *Ahara* and *Vihara* was adopted at OPD level. *Vyadhipryatnik* and *Dosha Shamak* line of treatment was chosen. *Pathya* and *Apathya* were advised to her.

Mode of Action

*Haridra Khanda*⁴ contains *Haridra* (*Curcuma longa*), along with *Goksheer* and *Goghrita*. *Haridra*, known for its *Tridoshashamaka* property, possesses anti-allergic and anti-inflammatory properties.⁵ By *Katu* (pungent) and *Tikta* (bitter) *Rasa* clarifies the *Agnimandya*, thus eliminating *Ama Visha* (toxic products) from channels of the body.

Most of the ingredients in Haridra Khanda exhibit Vishghna, Kandughna, Kushthagha, and Shothaghna properties that will help in Samprapti Vighatana of Kushtha by slowing down the process of inflammation or pathogenesis of Kushtha.⁶

Panchtikta ghrita contains Vasa, Nimb, Patola, Guduchi and Kantakari. These have Katu, Tikta, Kashaya, Madhura Rasa, Laghu, Ruksha, Sheeta, and Snigdha Guna along with Ushna Virya, which helps to balance Vata, Pitta, and Kapha Dosha. The pacification of Vata Dosha results in a decrease in dryness and roughness. Pacification of Kapha Dosha helps to subside itching, demarcate and thick plaque, and plaque adherence. Furthermore, pacification of Pitta Dosha helps in pinpoint bleeding and a reduction in burning sensation. Its properties include Deepana, Pachana, Amapachaka, Strotoshodhaka, Raktaprasadana, Raktashodhaka, Kandughna, Kushthagha, and Varnya.⁷

Asthmurti Rasayaan⁸ is a Kupipakva Rasayana. It possesses Vataghna, Kaphaghna, Pittaghna, Balya (Diminishing generalized weakness), Hrudy, Jantughna (To prevent Lesion from microbial infection i.e. Agantuj Hetu), Raktashodhak and Prasadana (Blood Purifying) properties and also acting on Vata-Vahinis (Nerves). It is used in Dhatupaka, Updansha, Kushtha etc.

Shudha Gandhak possesses Kushthagha properties. Its Garavishahar (anti-poisonous) and Rasayana (rejuvenating) characteristics aid in the treatment and elimination of the root causes of skin problems. It has antifungal and antibacterial properties and also purifies the blood. Additionally, as Rasayana it aids in enhancing both the complexion and digestion. Through the properties of Rakta Shodhak, Vranaropak, Krumighna, and Kusthaghna, it reduces the Kandu, Pidika, Raaga, and Daha.⁹

Ras Manikya¹⁰ pacifies excess Vata thus prevents skin dehydration and sensitivity. Pacification of Pitta Dosha by Rasmanikya helps to reduce breakouts and photosensitivity tolerance of the skin.¹¹ It corrects aggravated Kapha Dosha and thus helps to maintain skin texture and tolerance to sun exposure. It removes Ama (toxins) accumulated under the skin. It acts as Raktashodhaka (blood purifier), thus providing relief in skin disorders. It removes excess toxins from the body and relieves pain, inflammation, and swelling. Similarly, the action of antiseptic, antifungal, and antioxidant helps to treat skin disorders.¹²

Panchnimba Churna¹³ is indicated in the treatment of Kushtha. Panchnimba Churna has drugs such as Nimba, Bakuchi, Aragawadha, Haridra, Chakramarda, and Bhallataka that has Rakta Prasadaka and Twak Doshahara properties. In Panchanimba Churna, the main ingredient is Nimba which has Tikta, Kashaya Rasa and Laghu, and Snigdha properties by which Pitta Shamaka and Kapha Shamaka action can be observed and other contents have Kusthaghna and Kandughna properties.

Vidang Churna is a useful herb to manage worm infestation due to its Krimighna property and it helps to control skin diseases by reducing toxins from the blood due to its Shodhana (purification) property. Its Rasa is Katu, Kashaya, Virya Ushna, Vipaka-Katu, Guna is Laghu, Ruksha, and Tikshna so that it has Raktashodhaka, Varnya, Kushthagha, Kandughna, and Anulomaka properties.¹⁴

Arogya Vardhini Vati¹⁵ contains Katuki which has antipruritic, antioxidant properties and acts as Dhatu Poshak hence resolving any short of impairment of Dhatu. As per the classics it is Hridya, Deepana, Pachana, balance Tridosha, and indicated in Kushtha.¹⁶

It acts as Deepana, Pachana, Pathyakara, Hrudy, Medonashaka, Malashudhnikara. It is said that Kushtha occurs due to Grahani and Pakwashaya Dushti and Arogyavardhini normalizes their function by doing Samprapti Bhang hence useful in all 18 types of Kushtha. It is specifically used in Vata and Vata-Kaphaja Kushtha.¹⁷ Arogyavardhini Vati helps to remove Ama (toxins) from the body.¹⁸ It also has an antipruritic nature that relieves itching sensation.¹⁹

Triphala Churna is used for balancing all three Dosha, It has Rasayana, Virechaka, Deepana, Pachana Sothhara, and Pramehshara properties that may help cure Dadru Roga. It removes all toxins from the blood and purifies the skin.

Patoladi Kwath²⁰ possesses Tikta Rasa Dravyas, which balance the vitiated Pitta and Kapha Dosha and help in Raktadhatu Prasadana. It has Kushthagha, Jwaraghna, and Vishghna properties. It calms itching, discoloration, and burning sensations of various kinds of skin disorders. Moreover, it can support liver detoxification. The liver is an essential organ for Raktadhatu and proper functioning. It has Amapachana and Agni vardhana properties, which aid in digestion and arouse appetite.

Psoria oil is Kapha Vata Hara in nature it reduces dryness, itching, and blackish discoloration of skin. Dhouta Gritha²¹ (Ghee washed with water) is given to overcome the burning sensation, and bloody discharge because of severe itching and to moisten the affected part.

CONCLUSION

This case study demonstrates the effectiveness of Ayurvedic treatment in managing psoriasis (Mandala Kushtha). The patient, a 25-year-old female with erythematous scaly lesions and severe itching, showed significant improvement after a six-month regimen of various Ayurvedic medicines and lifestyle modifications. The Psoriasis Area Severity Index (PASI) score decreased from 14.4 to 0, indicating complete remission of symptoms and restoration of normal skin texture. The Ayurvedic drugs used in the treatment, possessing Kaphahara, Kandughna, and Kushthagha properties, were effective in balancing the morbid Dosha, correcting Dushya, and suppressing the pathological progression of the disease. This case highlights the potential of Ayurvedic intervention as an effective treatment for psoriasis, providing a holistic and sustainable approach to managing this chronic skin condition.

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List of abbreviations

Tsf - Table spoon
BD - bis-in-die (Twice Daily)
HS - hora somini (At Bed Time)
gm - Gram
mg - Milligram
mL - Millilitre
Q.S. - Quantity Sufficient

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