



Case Study

APPROACH OF SHODHAN AND SANSHAMAN CHIKITSA IN MANAGEMENT OF MANDAL KUSHTHA W.S.R. TO PSORIASIS

Sheetal Katariya^{1*}, Ravi Sharma²

*1PG scholar, ²Professor and HOD., Department of Kaya Chikitsa, MMM. Government Ayurved College, Udaipur, Rajasthan, India.

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ABSTRACT

Psoriasis is a chronic inflammatory, hyperproliferative skin disease. It is characterised by well-defined, erythematous scaly plaques, particularly affecting extensor surfaces, scalp and nails, and usually follows a relapsing and remitting course. Psoriasis affects approximately 1.5%-3% of populations of European ancestry but is less common in Asian, South American and African populations. It occurs equally in both sexes and at any age; although it is uncommon under the age of 5 years, more than 50% of patients present before the age of 30 years. **Aims and Objectives:** To find out the effect of Ayurvedic medicine and *Shodhan chikitsa* in the management of *Mandal kushtha* (psoriasis). **Material and Methods:** A 53-year-old male patient having complaint of skin lesion on scalp, upper back and abdomen area with red demarcation from last 15 years. Lesion having silvery scales and falling all rubbing with severe itching. This condition clinically correlated to *Mandal Kushtha* described in Ayurveda. *Mandal Kushiha* has *Shwelam Raklam varna*, *Sthirar*, *Styanam* and *Utsana Mandala* (skin begins with special characters. Acharya Charaka mentioned *Shodhan Chikitsa* for purification of *Kushtha Roga*. **Result and Discussion:** Considering the sign and symptoms patient was treated with classical *Vamana Karam* (therapeutic emesis) and *Virechana karma* (therapeutic purgation) according in line of treatment of *Kushtha* (psoriasis). Assessment was done before treatment, after treatment and after follow-up. Pictures were taken before treatment and after treatment. Remarkable improvement was noticed in scaling, induration and itching after *Vamana* and *Virechana* treatment and residue only hyper pigmented pink lesion.

INTRODUCTION


According to Ayurveda, preserving health is far more significant than treating illness. Ayurveda's fundamental ideas, such as the *Tridoshas*^[2], *Panchmah bhootas*^[3], *Dincharya*, *Ritucharya*, and *Sadvrita*, are incredibly distinctive. Ayurveda is a complete life science, not merely for preventive and medicinal purposes. The welfare of all living things in our cosmos is the ultimate purpose of all science. Whether preventive or curative, the main specialty of Ayurvedic therapies is their holistic approach, which is known as

such because it emphasizes the complete cure by improving the individual's diet and dietetics and providing the goal of health.

Due to the western lifestyle, it is currently very difficult to adhere to regimens like *Dincharya*^[4], *Ritucharya*, and *Aaharvidhidhan*^[5]. This unbalanced lifestyle is contributing to an increase in both physical and mental diseases. Modern life is characterized by fast food habits and erratic schedules, which is why "*Viruddha Aahara Janya Vyadhi*"^[6] is becoming more popular. This is the reason that a significant section of the population has skin issues.

One of the five "*Gyanendriyas*" according to Ayurveda, the skin is our body's envelope and expresses the harmony within.^[7]

Psoriasis can be described under one broad term called *Kushtha roga* and careful study shows that

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there is resemblance with the symptoms of *Mandal kushtha*.^[8]

Certain characteristics of *Mandal Kushtha* are as follows: matted patches, round elevated patches, reddish, compact, unctuous, itching, exudation, and dryness. It is identified as a *Maha Kushtha*. It is a *Tridoshaja* disease with *Kapha Dosha* dominance in general. This is an autoimmune ailment that causes severe skin damage and is characterized by chronic inflammation, disfigurement, and increased skin proliferation.

AIMS AND OBJECTIVES: To find out the effect of Ayurvedic medicine and *Shodhan chikitsa* in the management of *Mandal kushtha* (psoriasis).

MATERIAL AND METHODS

History of present illness

A 53yr old male patient came into the OPD of Govt. Ayurvedic Hospital, Mottichohtta, Udaipur, in Kaya Chikitsa Dept. The patient has taken modern medicine, but no relief was found, so he came to us for Ayurveda treatment.

Patient's Personal history

Name: ABC

Age - 53 years

Sex - Male

Occupation - Pvt. Job

Chief complaints

- Skin lesion on
- Upper back, hand, leg since 13 years.
- Abdomen area with red demarcation from last 13 years.
- Lesion having silvery scales and falling and severe itching.

Vitals

H.R. - 78/min.

BP - 130/90

Pulse - 78/min.

RR. - 20/min

Bowel habit- Regular

Appetite- Normal

Micturition - 6-7 times per day and 1time per night

Sleep - Normal

Weight - 77 kg.

Height - 5'7"

BMI - 26

Temp. - Afebrile

History of past illness - NAD

Family history - NAD

Investigations

CBC- Hb-12gm

TLC - 8600

DLC - N=65, L=30, E=3, M=2, B=0

RBS - 123mg/dl

Pateint's Ashtavidha Dashvidha Pariksha

Table 1: Ashtavidha Pariksha^[9]

<i>Nadi</i>	Normal in rate and rhythm, <i>Kapha Pradhan</i>
<i>Mala</i>	<i>Niram</i>
<i>Mutra</i>	Pale yellow
<i>Jihwa</i>	Coated
<i>Shabda</i>	<i>Samanya</i>
<i>Sparsh</i>	<i>Ruksha</i>
<i>Drika</i>	<i>Swethabh</i>
<i>Aakriti</i>	<i>Samanya</i>

Table 2: Dashvidha Pariksha^[10]

<i>Prakriti</i>	<i>Kapha Vata</i>
<i>Vikriti</i>	<i>Rakta Dhatu vikriti</i>
<i>Sara</i> (purest body tissue)	<i>Mansa sara</i>
<i>Samhanana</i> (body built)	<i>Madhyam</i>
<i>Pramana</i> (body)	<i>Madhyam</i>
<i>Satmya</i> (homologation)	<i>Madhyam</i>
<i>Satva</i> (mental strength)	<i>Madhyam</i>
<i>Aharshakti</i> (food intake)	<i>Madhyam</i>
<i>Vyayamshakti</i> (to carry on physical activities)	<i>Madhyam</i>
<i>Vaya</i>	<i>Prodhavastha</i>

The Ayurvedic perspective regards psoriasis as a *Raktaja* condition characterized by *Dosha* vitiation. *Virechanakarma*^[11] is one of the therapy modalities for this condition to a higher level; nonetheless, the most crucial aspects of pre-operative, and post-surgical care during *Virechanakarma* are those that affect psoriasis outcomes. Located in *Twak* is the *Dosha*. Since *Agni* is a disorganized body, *Deepana* and *Pachana* medicine are essential before *Snehapana*. These aids in *Amapachana* and normalizing *Agni*. Typically, *Arohanasnehapana* is given for a maximum of seven days, or till *Samyak Snigdha Lakshana*. The etiology of psoriasis can be broken by gradually increasing the dosage of *Sneha*, which aids in relaxing the tie between the *Dosha* and *Dushya*. We took *Panchatiktagritha* for the *Snehapana*. *Patola*, *Vyagri*, *Guduchi*, and *Trifala* are all present in *Panchatiktagritha*. The medicines have possessed *Ushna*, *Tikshna*, *Vyavayi*, *Vikashi*, *Katu*, *Tiktarasatmaka* and *Katuvipaka*. It was observed that the action of

drugs was mainly due to properties of these drugs which have *Deepan*, *Pachana*, *Amapachaka*, *Stroto shodhaka*, *Raktaprasadan*, *Raktashodhaka*, *Kandughna*, *Kushthaghna* and *Varnya* mechanisms of actions. They acted mainly for the eradication of *Doshas*.

Patients are advised to take warm water to drink and to avoid exposure to excessive wind, sunlight, emotional exacerbation etc.

Procedure of *Vaman* and *Virechan*

Before doing *Vamana Karma*, *Deepen*, *Pachan* was done with *Panchakol Churna* and *Dadimastaka Churna* that has been observed with dose and duration. Then *Snehapana* was started with *Panchtikta Ghrit*, dose started from 25ml to 175ml on day seven, which then followed by 2 days *Sarvanga Abhyanga Swedan* after the completion of seven days of *Sneha Paan*. Then *Vamana Karma* was conducted after the completion of *Sarvanga Abhyanga*, *Swedana karma* early in the morning. Then before intake of milk, 10gm of *Yavagu* with 1tsf of *Ghrita* was given.

After that he had suggested intake milk continuously up to *Aakantha*. Here he had been intake 3 litres of milk. After that he was given the *Vamanopag Yoga* containing *Madanphal* 8gm, *Vacha* 5gm and *Saindhav Lavan* 3gm. After ingestion of *Vamakayog*^[12], he had been observed for 48 minutes. Between these periods, two *Vamana Vega* were observed with about 1.5 litres of vomitus. After 48 minutes of *Vamakayog* that he had taken three litres of *Yestimadhu Phanta* followed by *Lavanodak*, where he had taken 2.5 litres of *Lavanodak*. During this time next 3 *Vega* with 3.5 litres of vomitus were observed. Finally, he was taking

Ushnodak (plain water) about 1 liter where two *Vamana Vega* with 2.5 litres of vomitus was observed. Finally, *Yavagu* containing vomitus was observed. That indicates his *Vamana* procedure has been completed. Here seven *Vega* of *Vamana* was observed. Then *Samsarjan Krama* was started. After that he was discharged, but his body was still feeling mild heaviness and there was not fully seen of *Samyak Vamana Lakshana*. Then he planned for *Virechana Karma*. Where he had started again *Deepan Pachan Karma* with *Panchakol Churna* and *Dadimastaka Churna* followed by *Sneha Paan* with *Pancha Tiktaka Ghrita* from 25ml to 125ml. Here he observed the *Samyak Snehan Lakshana*, so his further *Snehanpaan Karma* was stopped. Then *Sarvanga Abhyanga Swedan* was done for 3 days. After that *Virechana Karma* was started with *Triphalakwath* with *Erand Sneha* after the completion of *Abhyanga* and *Swedan*, where sixteen *Vega* of *Virechana* was observed. It was *Kaphant Virechana*, patient felt lightness in the body, *Kshudha pravritti*.

Paschat Karma

Since *Dhoompaan* is particularly advised for severe *Kapha*-predominant morbidities, *Dhoompaan* was administered following the fulfilment of *Vamana Karma* carried out for five minutes in order to remove and soothe the residual portion of irritated *Kapha* from *Urdhwajatrugat* (above the clavicle). The patient's *Bala* is weak after cleansing as the *Agni*. As a result, the patient received *Samsarjan Kram*^[13] with *Peya*, *Vilepi*, *Akrit Yusha*, and *Krityusha* for a period of five days (moderate cleansing).

Table 3: Procedure of *Vaman Karma* with Details

Procedure	Medicine	Dose	Rout
<i>Snehapana</i>	<i>Panchtikta Ghreet</i>	Day 1 - 25ml. Day 2 - 50ml Day 3 - 75ml Day 4 - 100ml Day 5 - 125ml Day6 - 150ml Day7 - 175ml	Oral
<i>Sarwanga Abhyanga Swedan</i>	<i>Snehankarma</i> with coconut oil and <i>Sarwanga Swedan</i>	Once a day for two times	External application
<i>Vamana Karma</i>	<i>Madanphala yoga</i> containing <i>Madanphala</i> (8gm.), <i>Vacha</i> (5gm.), <i>Saindhavalavan</i> (3gm.), <i>Shahad</i>	15gm	Oral
<i>Sansarjan Krama</i>	<i>Peya</i> , <i>Vilepi</i> , <i>Akrit Yush</i> , <i>Krit Yush</i>	-	Oral

Table 4: Procedure of Virechan Karma with Details

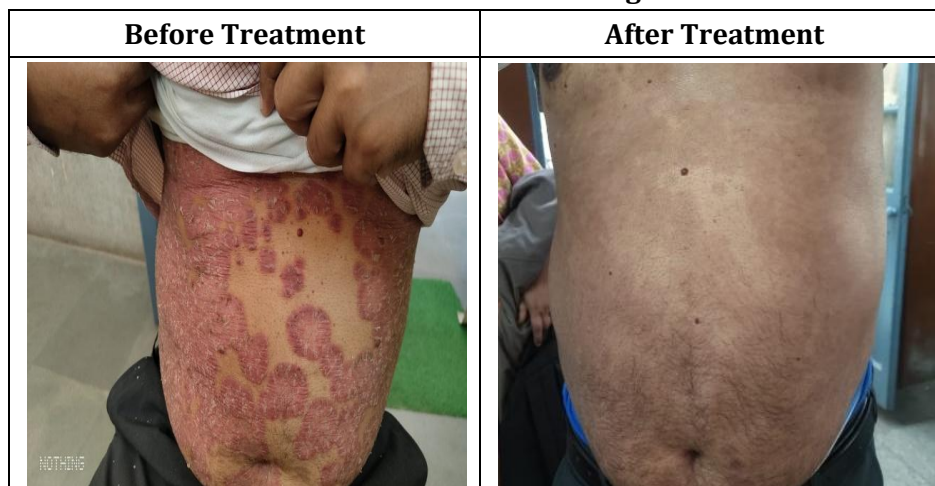
Procedure	Medicine	Dose	Rout
<i>Snehapaan</i>	<i>Panchtikta Ghreet</i>	Day 1 - 25ml Day 2 - 50ml Day 3 - 75ml Day 4 - 100ml Day 5 - 125ml Day 6 - 150ml Day 7 - 175ml	Oral
<i>Sarwanga Abhyanga Swedan</i>	<i>Snehankarma</i> with coconut oil and <i>Sarwanga Swedan</i>	Once a day for two times	External application
<i>Virechan Karma</i>	<i>Triphala Kwath</i> 80ml, <i>Erand Sneha</i> 50ml	-	Oral
<i>Sansarjan Krama</i>	<i>Peya, Vilepi, Akrit Yush, Krit Yush</i>	-	Oral

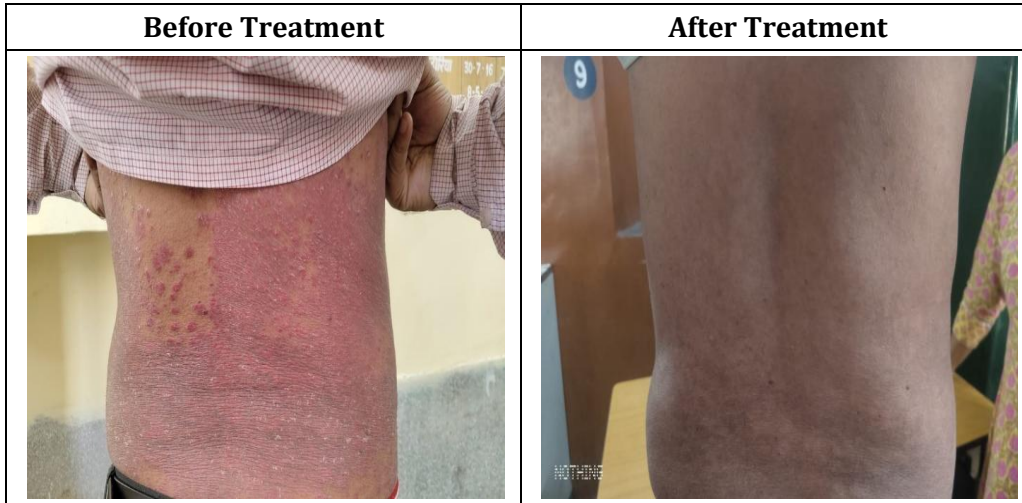
After completion of Shodhana Karma**Table 5: ShamanaAushadhi**

S.No.	Drug	Dose	Anupan
1.	<i>Mahatikta Ghrit</i>	Local Application	-
2.	<i>Tab. Manjishtha</i> <i>Amrita Satva</i> <i>Panchtiktaghreet Gugglu</i> <i>Tab. Kushthajeet</i> <i>Shilasindoor</i>	500mg 500mg 2tab 2tab 100mg	With lukewarm water (BD.)
3.	<i>Arogyavardhani vati</i>	2 tab.	With lukewarm water (BD.)

OBSERVATION AND RESULTS

After the completion of *Shodhana* and *Shaman* therapy, the patient was symptomatically improved. All the signs and symptoms related with *Mandalkushtha* like *Sweta Rakra* (white scaly patches), *Kandu* (itching), *Anyonyasamsakta Mandal* (matted patches), *Utsanna Mandal* (circular elevated patches). His bowel habit became regular. The PASI score of that patient after treatment was observed to be 0.3. The clinical assessment findings of *Mandal kushtha* before and after treatment were observed. (Table no.6)

Table 6: Before and After Figures



DISCUSSION

Many causative elements, such as daily consumption of *Shita* and *Ushna* items in an irregular order, daily consumption of *Santarpanjanya* items^[14] followed by *Apatarpanjanya* items in an irregular order, and continuous use of *Viruddha Aahar* and *Viruddha Vihar*, among others, have been described in classical texts as causes of *Tridosha* vitiation. After that, vitiated *Dosha* enters and distorts *Dushya*, which includes the lymphatic system, muscles, *Twak* (skin), *Rakta* (blood), and *Masha* (muscles). *Tridosha* then obtains *Sthana Samshraya* and results in various forms of *Kustha Roga*, such as *Mandalkushtha*.

The primary goal of Ayurvedic treatment is *Samprapti Vighatan*. Because of this, *Charak* has recommended that repeated *Shodhan Karma* a way of purifying the entire body be done initially, with *Vamana Karma* for *Kapha* predominance and *Virechana Karma* for *Pitta* predominance.

In this instance, *Vamana* was started after *Snehan* and *Swedana Karma* after evaluating the patient's *Bala*, *Agni*, and *Awastha*. Seven *Vamana Vega*

were seen during *Vamana*. After receiving *Samsarjhan Kram* for five days, the patient was then released. As *Sushruta* promoted the idea of *Virechana Karma*, he returned to support it. Following 15 days of *Vamana*, beginning with *Deepan*, *Paachan*, *Snehan*, and *Swedankarma*. *Virechana* was introduced following *Sarvanga Abhyanga*. Here, sixteen *Vega* of *Virechana* were noted.

In Sanshaman Chikitsa Drugs Description Mention Below

Mahatikta Ghrita^[15]

Saptaparna, Ativisha, Ahampaka, Tiktrohini, Patha, Musta, Ushira, Triphala, Vibhitaki, Patola, Pichumarda, Parpataka, Dhanvya, Chandana, Pippali, Gajapippali, Padmaka, Hridra, Daruharidra, Vishaka, Vasa, Murva, Kiratatikta, Trayamana, Amalakiphala rasa, Ghrita. It is used as medicine and also in preparatory procedure called *Snehakarma* for the treatment of skin diseases, bleeding disorders, bleeding piles, herpes, gastritis, gout, anemia, blisters,

schizophrenia, jaundice, fever, heart diseases and menorrhagia. It is highly effective in chronic diseases.

Arogyavardhini Vati^{16]}

Is one of the most effective Ayurvedic preparations which help to manage acne or pimples due to its *Pitta* and *Kapha* balancing, and *Shothahara* (anti-inflammatory) properties. It also helps in blood purification by removing toxins due to its *Shodhan* (detoxification) property.

It aids in the digestion of *Ama*. It further helps to control mucus in the motion and the urge of frequent passing of stool due to its *Deepan* (appetizer) and *Pachan* (digestive) properties.

Giloy Satva

It has demonstrated considerable promise for the creation of biopharmaceutical products for the treatment of numerous ailments. A tonic with alterative, diuretic, and aphrodisiac effects is giloy. It is a febrifuge used to treat persistent fever and malaria. Moreover, it is a liver tonic. Numerous medical benefits of the plant, including antispasmodic, antidiabetic, anti-arthritis, anti-periodic, anti-inflammatory, antioxidant, anti-stress, anti-allergic, antimalarial, hepatoprotective, anti-leprotic, antineoplastic, and immunomodulatory effects, have been documented in studies.

Tab. Manjishtha

Helps to lessen skin damage caused by free radicals and prevent melanin production. Also has a property of *Raktshodhaka* and *Pitta* balancing that help to purify blood and improve liver function.

CONCLUSION

Therefore, it may be said that *Vamana*, *Virechana* methods are effective in managing psoriasis. Prior to carrying out these operations, *Sarvanga Abhyanga Swedana* was completed in accordance with *Deepan*, *Paachan*, *Snehapaan*, and so on which *Samsarjhan Kram* and *Vamana* came after. Similar to the steps taken before doing *Vaman*, *Virechan Karma* underwent a similar process. Thus, it may be said that *Vamana* and *Virechana* are able to get rid of the toxic

compounds that cause *Kustha Rog*. Additionally, the above-mentioned internal and exterior medications aid in preventing vitiation and calming the causes that cause *Kustharoga*, including *Mandal kushtha*.

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***Address for correspondence**

Dr. Sheetal Katariya

PG Scholar,

Department of Kaya Chikitsa,
MMM. Government Ayurved
College, Udaipur, Rajasthan.

Email:

Sheetalkataria1894@gmail.com

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