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Managing *Mandala Kustha* through Ayurveda: A Case Report

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ABSTRACT

Kustha is one of the extensively described disease groups in Ayurveda, comprising a variety of chronic dermatological conditions broadly classified into *mahaKustha* and *ksudraKustha*. *Mandala Kustha* is included under *MahaKustha* & is characterized by *Kapha-dosha* predominance with *Pitta* association. The current case was treated with *Shodhana Chikitsa*. A 16 year female patient was presented with a complaint of erythematous lesions, accompanied with pain and itching since past 6 years. After 5 weeks of *Shodhana chikitsa*, the patient had visible improvements. This case is an evidence to demonstrate the effectiveness of Ayurveda treatment in case of *Mandala Kustha* by *Virechana Karma*.

Key Words *Mandala Kustha, Virechana karma, Shodhana chikitsa*

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INTRODUCTION

In Ayurvedic classics, *Kustha* is described as a *Tridoṣaja* disorder affecting the skin and underlying tissues and is categorized into *Mahakuṣṭha* and *Kṣudrakuṣṭha*¹. According to *Vagbhata*, this disease disfigures the body.

कालेनोपेक्षितं यस्मात्सर्वं कुष्णाति तद्वपुः²

In *Ashtanga Hridaya* it is mentioned that, if *Kushtha* is left untreated makes the *Sharira* contemptible (*Kutsit*) hence it is known as *Kushtha*. It is further divided into *Maha Kushtha* and *Kshudra Kushtha*. All *Kushtha* have *Tridosha* involvement. *Mandal Kushtha* is *Kapha*

predominant disease. *Swetarakta* (faint reddish white), *Utsannamandalam* (raised patches), *Sthiram* (stable), *Snigdham* (unctuous), *Annyonyasansaktam* (patches joined with each other) are important clinical features of *Mandal Kushtha*³. Since characteristic features of Psoriasis are much closer to *Mandal Kushtha* hence *Mandal Kushtha* is compared with Psoriasis, Psoriasis is a chronic, inflammatory, genetically determined disease that is triggered by environmental factors characterized by raised areas of abnormal skin⁴.

Mandala Kuṣṭha is included under *Mahakustha* and is *Kapha-dosa* pradhana with *Pitta*

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anubandha. Lakṣanas include *mandalakara pidika*, *snigdha*, *sthirata*, *tvak sthulata*, *alpakandu*, and *vaivarnyata*, with *manda gati* of the disease. The *samprapti* involves vitiation of *Tvak*, *Rakta*, *Mamsa*, and *Lasika* along with *Tridoṣa* predominance of *Kapha*. *Nidanas* such as *viruddhahara*, *guru-snigdha-sita ahara*, and *vegadharana* play a significant role⁵. Treatment principles include repeated *sodhana* followed by appropriate *Samana cikitsa* and *pathya-palana*. *Virechana Karma* holds a central role in its management due to its strong action on *Pitta-Rakta shodhana*, by eliminating vitiated *Pitta dosha* from its primary site and corrects *Kapha-Pitta samsarga*, pacifying *sthira*, *guru*, *snigdha*, *guna* through elimination of associated *Pitta*. Here is a case where almost complete recovery observed by administering *Virechana Karma*, along with other internal Ayurvedic medicines⁶.

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A 16 year old female patient presented with a chronic history of skin lesions for the past three years. She complained of multiple circular, well-defined, and elevated skin lesions predominantly distributed over the trunk and upper limbs. The lesions were associated with moderate to severe itching (*kandu*), which was persistent and aggravated during night hours and on exposure to heat. She also reported mild erythema (*raga*) with occasional burning sensation (*daha*), especially during exacerbation phases⁷. The affected skin showed marked dryness, thickening,

and induration, indicating the chronic and deep-seated nature of the disease⁸.

The condition had a recurrent course, with periodic flare-ups and partial remission. The patient had previously undergone treatment with topical medications, which provided only temporary symptomatic relief without preventing recurrence. There was no significant systemic illness reported. The chronicity, recurrence, and resistance to local therapy suggested an underlying *doṣhic* imbalance, consistent with the clinical features of *Mandala Kuṣtha* as described in Ayurvedic texts.

Physical Examination: *Dashavidha Atura Pariksha* (ten-fold examination of the patient) was used to evaluate *Atura Bala Pramana* (individual strength)⁹. The patient's *Ahara Shakti* (digestive capacity), *Jarana Shakti* (metabolic capacity), and *Satva* (psychological strength) were assessed as *Madhyama*(moderate), while *Vyayama Shakti* (physical strength), *Satmya* (compatibility), and *Vaya*(age) were *Avara* (low). The *Prakriti* (constitution) was Identified as *Kapha-Vataja* and parameters such as *Sara* (proper nourishment of tissue), *Samhanana* (body build), and *Pramana* (body proportion) were also found to be *Avara*.

On Integumentary Examination: It revealed multiple reddish erythematous scaly papules and plaques, distributed asymmetrically across the body, with well-demarcated borders and a hard, raised, rough, and dry surface texture¹⁰. The Auspitz sign was positive, indicating pinpoint

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bleeding upon scale removal, along with skin rigidity and noticeable stretching¹¹.

On inspection, the lesions appeared widespread, reddish erythematous, and scaly, with scaling visibly present, Palpation findings showed dry skin, afebrile, and a rough, coarse texture¹².

Pathogenesis: In classics there is no separate description regarding the *Samprapti* of *mandala kushtha* so, common *Samprapti* of *Kushtha* can be considered By the various causative factors as given in Table No.1, all the three doshas are simultaneously provoked, the four *Dushyas* (*Twak, Mansa, Rakta, Lasika*) thin out or lose their tone in these deranged 4 *Dushyas*, the provoked *doshas* get located. This causes them to become vitiated and so the *Kushtha* or the skin disease is produced.

Table 1 *Samprapti Ghatak Of Mandala Kustha*

• DOSHA	Tridosha (espically kapha pradhana)
• DUSHYA	<i>Twak, rakta, mansa, lasika</i>
• AGNI	<i>Jatharagni, Dhatvagnimandya</i>
• SROTODUSTI	<i>Sanga, Vimargagamana</i>
○ PRAKARA	
• UDBHAVA STHANA	<i>Amashya-pakvashya</i>
• SANCHARI STHANA	<i>Tiryak sira</i>
• ADHI STAHAN	<i>Twak</i>
• ROGA MARGA	<i>Bahya</i>
• SWABHAVA	<i>Chirkari</i>

TREATMENT- Treatment followed in this case is mentioned at Table No. 2. Before treatment, on 05/04/2025, the patient presented with erythematous, scaly lesions over the chest (Figure 1) and the left upper limb (Figure 3). During the treatment and follow-up period of 20 days, the patient was advised to avoid exposure to wind, sunlight, dust, etc.

Table 2 First Phase of Shodhan Chikitsa:

Date	Medication and procedure	Outcome
05/04/25-09/04/25	<i>Deepan-Pachana</i> with <i>Gandhak Vati</i> 2/2(empty stomach) <i>Dadimashtak churna</i> 3gm BD (After meals)	
10/04/25-14/04/25	<i>Abhyantara Snehpana</i> with <i>Panchtik Guggulu Ghrita</i> 30ml,40ml, 50ml, 60ml.	
15/04/25-17/04/25	<i>Sarvang Abhyanga Swedan</i>	Relieve in itching
17/04/25	<i>Virechana</i> given with 1. <i>Trivrit avleha</i> 40gm 2. <i>Aragvadhadi phala majjadi kwath</i> 160ml. 3. <i>Abhyadi modak</i> 1 tab 4. <i>Munnaka phanta</i>	<i>Avara shudhi</i>
17/04/25 evening	<i>Sansarjan karma</i> for 5 days Following <i>Maand, Peya, Vilepi, Akrit yush, Kritiyush, Dal chawal, Samantachawal</i>	
18/04/25	Patient got discharged	

CLINICAL FOLLOW-UP AND TREATMENT RESPONSE

The patient showed progressive clinical improvement across follow-up visits (Table 3). After the 1st phase of Shodhana Chikitsa

(22/05/25), marked reduction in erythema and scaling was observed at the chest (Figure 2) and left upper limb (Figure 4). Following the 2nd phase of Shodhana Chikitsa (7/9/25).

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BEFORE TREATMENT 05/04/2025



Figure 1. Lesion at Chest



Figure 3 Lesion Left Upper Limb

**AFTER 1st PHASE OF SHODHANA CHIKITSA
22/05/25**



Figure 2 Lesion at Chest



Figure 4 Lesion Left Upper Limb

Table 3 Follow Up

DATE	NEW COMPLAINT	TREATMENT	OUTCOME
24/04/25	c/o loss of appetite, feeling of urgency to defecate after meals	1. <i>Dadimashtak churna</i> -3gm+ <i>Bilva churna</i> -2gm BD before meals. 2. <i>Kaishor Guggulu</i> 2BD 3. <i>CapNisoreia</i> 2 BD 4. <i>Nisoreia</i> oil for L/A	Mild relief in erythematous lesions and itching
08/05/25	No fresh complaint	Continue 1,2,3 Stop 4. 5. Add <i>Apamarg Kshar</i> with <i>Brihat Marichayadi Tailam</i> for L/A	Moderate relief in itching
22/05/25	c/o blackish spot-on b/l arms, legs	Continue 1,2,3 and 5 Add 6. <i>Khadirarishta</i> 20 ml with equal water after meals	Relief in all previous complaints
05/06/25	No fresh complaint	Continue same treatment	Relief in lesion and itching
Second phase Shodhana Chikitsa (Table 4) discharged on 04/07/25 with maintenance included Deepan-Pachana, Abhyantara Snehpana, Abhyanga Swedan, and Virechana, achieving moderate purification by 03/07/25. Patient was			

Table 4 Second Phase of Shodhana Chikitsa

Date	Medication and procedure	Outcome
19/06/25-20/06/25	<i>Deepan-Pachana</i> with <i>Gandhak Vati</i> 2/2(empty stomach) <i>Dadimashtak Churna</i> 3gm BD (After meals)	

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21/06/25	Deepan-Pachana with same Add-Pansakar Churna 3gm HS Brihat Marichadi Tailam for L/A	Relieve in itching
23/06/25-24/06/25	Treatment revised- 1. Chitrakadi vati 2 BD before meals 2. Ajmodadi churna 3gm BD after meals	
25/06/25-30/06/25	Abhyantara snehpana with Panchtikt Guggulu Ghrita 25ml-35ml- 35ml-50ml-60ml	Relieve in previous complaint
01/07/25-03/07/25	Sarvang Abhyanga Swedan	
03/07/25	Virechana given with 1. Trivrit Avleha 50gm 2. Aragvadhadi Phala Majjadi Kwath 120ml 3. Abhyadi Modak 1 tab	Avara shudhi
03/07/25 evening	Sansarjana Karma for 5 days Following Maand, Peya, Vilepi, Akrit yush, Krit yush, Dal chawal, Samanta chawal	
04/07/25	Patient got discharged with treatment 1. Gandhak vati 2/2 empty stomach 2. Brihat Manjisthadi Kwatha 40ml BD before meals 3. Khadiraristha 15ml with equal water After food 4. Advise Brihat Marichayadi Tail for L/A	

The follow-up details of the patient are presented in Table No. 5. On 24/07/25, the patient reported a new complaint of incomplete bowel evacuation, for which treatment was continued with Cap. Nisoria, Arogyavardhini Vati, Khadirarishta, and Apamarg Kshar with Brihat Marichayadi Tailam for local application, resulting in mild relief in erythematous lesions and itching. On subsequent follow-up on 07/08/25, no fresh complaints were

noted, and the same treatment was continued, showing moderate relief in itching.

The lesions showed near-complete resolution with normalization of skin texture at the chest (Figure 5) and left upper limb (Figure 6). Treatment modifications resulted in complete relief of itching, with only residual pigmentary changes remaining, demonstrating the effectiveness of the integrated Ayurvedic approach.

AFTER SECOND PHASE OF SHODHANA CHIKITSA 7/9/25



Figure 5 Lesion at Chest

AFTER SECOND PHASE OF SHODHANA CHIKITSA 7/9/25



Figure 6 Lesion Left Upper Limb

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Table 5 Follow-up

DATE	NEW COMPLAINT	TREATMENT	OUTCOME
24/07/25	c/o Incomplete Bowel Evacuation	1. Cap Nisoria 1TID 2. <i>Arogyavardhini Vati</i> 1BD 3. <i>Khadirarishta</i> 15 ml BD with equal water 4. <i>Apamarg Kshar</i> with <i>Brihat Marichayadi Tailam</i> for L/A	Mild relief in erythematous lesions and itching
07/08/25	No fresh complaint	Continue 1,2,3,4	Moderate relief in itching

DISCUSSION

The development of *Mandala Kushta* primarily involves the vitiation of *Kapha*-predominant *Tridoshas*, which in turn disturb the *Tvak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymph) *dhatus*. The intake of *Nidana* (causative factors) leads to the simultaneous aggravation of *doshas* and induces weakness (*Shaithilyata*) in these *dhatus*. Once weakened, these tissues become more susceptible to further *doshic* aggression, ultimately resulting in the manifestation of *Kustha Roga*. According to Ayurveda, the management of *Kustha* includes both *Shodhana* (purification) and *Shamana* (palliative) therapies¹³. In the discussed case, the patient was diagnosed with *Mandala Kushta* based on classical signs and symptoms. Among the purification methods, *Virechana* (purgation) was selected, as it is widely practiced, relatively easy to administer, effective in expelling *doshas* from the body, and causes fewer complications compared to *Vamana* (emesis)¹⁴.

Before administering *Snehapana* (internal oleation), *Deepana* and *Pachana* herbs were used to stimulate digestion and eliminate *Ama* (toxins)¹⁵. For *Snehapana*, *Panchatikta Ghrita* was used, which is made from herbs like *Nimba*, *Patola*, *Vyaghri*, *Guduchi*, and *Triphala*. These

ingredients possess properties such as *Ushna* (hot), *Tikshna* (sharp), *Vyavayi* (quick-spreading), *Vikashi* (spreading), *Katu* and *Tikta rasa* (pungent and bitter tastes), and *Katu vipaka* (pungent post-digestive effect)¹⁶.

The therapeutic effects of these drugs are attributed to their *Deepana* (digestive stimulant), *Pachana* (digestive), *Amapachana* (detoxifying), *Srotoshodhana* (channel-cleansing), *Raktaprasadana* (blood-purifying), *Raktashodhana*, *Kandughna* (anti-itch), *Kushthaghna* (anti-skin disease), and *Varnya* (complexion-enhancing) actions. These medicines help mobilize and expel the vitiated *doshas* from peripheral tissues toward the *Koshtha* (GI tract) for elimination.

To further support *dosha* mobilization, *Sarvanga Abhyanga* (whole-body oil massage) and *Swedana* (fomentation) were done to facilitate the movement of *doshas* from the *Shakha* (peripheral tissues) to the *Koshtha* (core).

Khadirarista has recommended for all types of *Kushtha*. Most of the ingredients of *Khadirarista* possess Antipsoriatic action. The heartwood decoction of *Khadir* (*Acacia catechu*) has since long been used to treat skin ailments, including psoriasis in a traditional practice. It helps to purify the blood. It has immunomodulatory action that may activate both cell-mediated as well as humoral immunity. Among various

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phytoconstituents present in *Acacia catechu*, catechins may contribute to its anti-inflammatory and antioxidant activities¹⁷.

Kaisore guggulu help purify the blood, remove toxins that may be present in it. It helps in bringing balance to the production of uric acid in the body. It has anti-inflammatory properties¹⁸.

Arogyavardhini Vati

This *Kalpa* is primarily used in treatment of *Kushtha*. As described in text it destroys all types of *Kushtha* when consumed for a period of 42 days i.e. one *Mandala*. Each type of *Kushtha* is caused due to all three *Dosha*. *Vata Dosha* gets *Prakupita* initially. The important *Sthana* (seat) of *Vata* is *Pakwashaya*. *Arogyavardhini* has special action on *Grahani* and *Pakwashaya*. *Arogyavardhini* does *Amapachana* and *Malasodhana* and thus helps to demolish the *Samprapti*¹⁹. *Rakta Dushti* and *Kleda* are the main components of *Kushtha Vyadhi*. *Nimba Patra* included in *Arogyavardhini* is an excellent *Kledaghna Dravya*. *Nimba* is *Katu Tikta Rasatmak*, *Katu Vipaki* and *SheetaVeerya*. It possesses *Laghu* and *RukshaGuna*. It acts especially on *Rasa Dhatu* and *RaktaDhatu*. It digests the *Rasagata Ama* and carries out *RaktaShuddhi*. By virtue of its *Ruksha Guna*, it decreases the *Kleda* present in *Kushta* and helps to destroy *Raktaja Krimi*. By removing *Kleda* and *Kapha* it helps to alleviate an important *Lakshana* i.e. *Kandu* present in *Kushtha*²⁰. The function of scraping away the stagnant and accumulated *Dosha* and removing them of the

body is achieved by *Bhedana Karya* of *Arogyavardhini* proves useful in this condition.

CONCLUSION

Mandala Kushta is a type of skin disorder marked by symptoms such as reddish patches or spots, burning sensation, and persistent itching. The disease involves the vitiation of all three *doshas Vata, Pitta, and Kapha* along with disturbances in *Rakta* (blood) and *Tvak* (skin), which are key tissues affected in the pathogenesis. *Shodhan Chikitsa* plays a vital role in managing *Mandala Kushta* due to its multidimensional therapeutic effects. It helps to restore balance among the aggravated *doshas* and also corrects the vitiation of *Rakta* and *Mamsa dhatus*, providing relief from itching, reducing moistness oozing (*Kleda*), and preventing further disease progression. Moreover, the bitter (*Tikta*) and astringent (*Kashaya*) tastes, along with hot potency (*Ushna Virya*) of many *shamana* drugs, help detoxify the blood (*Rakta Shodhana*) and correct digestive fire.

In *Agnimandya*, thereby accelerating the body's natural healing mechanisms and restoring normal digestive function. By promoting skin health, *Rasayana* therapy also enhances complexion, elasticity, and moisture balance, contributing to rejuvenation and a youthful appearance.

A wholesome diet plays a crucial role in the management of *Kushta Roga*, particularly *Mandala Kushta*. Easily digestible foods such as old rice (*purana shali*) and green gram (*mudga*)

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are recommended due to their lightness and capacity to support proper digestion. Including bitter- tasting vegetables like *Neem*, *Patola*, and *Karela* helps balance the aggravated *Kapha* and *Pitta doshas*, which are often involved in skin disorders.

Informed consent

Consent of the patient was obtained for the photographs and before reporting the case report for publication.

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