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## Management of *Mandal Kushtha* (Psoriasis) with *Swarnakshiri Swaras* and *Lepa* – A Case Study

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### ABSTRACT

Psoriasis is a chronic and noninfectious skin disease characterized by circumscribed erythematous scaly lesions. It has unpredictable course of remission with multifactorial cause like stress, lifestyle changes and dietary habits. Available medications like steroids, PUVA therapy etc do not provide long lasting relief. In *Ayurveda* the disease can be correlated with *mandal kushtha* due to resemblance of signs and symptoms. *Ayurveda* has provided a variety of safe and effective remedies for its treatment. Among them *swarnakshiri* has been mentioned as *kushthagna* and hence selected as drug of choice in this case as it is cost effective and easily available. For present study, a 24 yr old male patient having signs and symptoms of erythematous scaly patches over shin, feet, fingers and itching, dryness over affected areas since last 3 yrs has been reported. Auspitz sign and candle grease sign were positive. The patient was treated with *swarnakshiri swaras* in a dose of 5 ml twice a day and *lepa* applied locally twice daily with *pathya ahara vihara* as mentioned in *Ayurvedic* classics. Significant improvement in the symptoms were observed after 8 days. Patches were resolved and features like scaling, itching and bleeding points were not visible. The relief in the symptoms with *swarnakshiri* shows that single drug treatment may also be safe and effective in the management of psoriasis. Further large scale study is needed.

### KEYWORDS

*Psoriasis, Mandal Kushtha, Swarnakshiri*



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## INTRODUCTION

Psoriasis is a chronic and non- infectious skin disease characterized by circumscribed erythematous lesions surmounted with silvery scales. It has particular predilection to scalp, trunk and extensor aspect of extremities<sup>1</sup>. It is a disease of unknown aetiology with multifactorial cause like stress, lifestyle changes and dietary habits. Available medications like topical and oral steroids, PUVA therapy<sup>2</sup> etc are associated with several adverse 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 way. Hence there is a need for newer drugs which can provide quick and permanent relief. In Ayurveda all the skin diseases are broadly described under *kushtha*. Psoriasis can be correlated with *mandal kushtha* due to resemblance of signs and symptoms like *Shweta rakta mandal* (reddish silvery patches), *Anonyasansaktam* (merging in each other), *Kandu* (itching), *Anashugam* (slow progress)<sup>3</sup>. Ayurveda has described *shodhan* and *shaman chikitsa* with multiple drugs as the main treatment. But due to the long term and tedious procedure and according to the condition of the disease every patient does not require it. *Swarnakshiri* has been mentioned as

*kushthagna* and *virechaniya*<sup>4</sup>. Also it is cost effective and easily available drug. Hence *Shodhan* and *Shaman chikitsa* with *Swarnakshiri Swaras* and *swarnakshiri lepa* for local application was given to the patient in this case and results were assessed.

## AIMS AND OBJECTIVES

1. To evaluate the effect of *Swarnakshiri swaras* and *lepa* in the management of *Mandal Kushtha* (psoriasis).
2. To enumerate the mode of action of given treatment and the symptomatic relief obtained in this case.

## MATERIALS AND METHODS

A 24 yr old male residing at Nagpur came to ~~Out Patient Department~~ (OPD) of *Twacharog*, Government Ayurved College and Hospital, Nagpur. He was slim and short statured, student by occupation and having middle class socio-economic status.

### Chief complaints-

1. Blackish –red patches on both shin, dorsum of foot, distal part of fingers of hand and ear (*krushnavavarnya*)
2. Itching (*kandu*)
3. Oozing and bleeding after rubbing the lesions (*raktotpatti*)
4. Lesions spreading by merging with each other since 3 yrs.



**History-** Patient did not have history of any major disease and family history was also non specific. He had complaint of *amlapitta* before 6 months which was cured by general household remedies.

**H/O Previous treatment** –Patient had taken allopathic medicines and injections of steroids locally for 1 yr but there was relapse after stopping of medicines.

**Ashtavidh Parikshan- Nadi** –Regular *manduk gati* , *Mala- Prakrit* , *Mutra – Prakrit* , *Jivha - Ishath saam*, *Shabda – Spashta* , *Sparsha- Prakrit* , *Druka- Prakrit* , *Akruti- Krusha* .

**Vyayaktik Vruttant** – *Agni- mandagni* , *koshtha- Madhya* , *Aahar - vishamashan* ( hotel food with more non veg) , *Vihaar - Ratri jagran* , unhygenic living. , *Vyasan - habit of kramuk sevan*.

**General Examination-** CVS - S1 S2 normal , RS- AEBE , NAD, CNS- NAD , BP -110/80 mm Hg, Pulse- 78/ min.

**Local Examination-** Erythematous lesions covered with silvery scales, Slight oozing seen in between the cracks, Auspitz sign – positive, Candle grease sign – positive

**Diagnosis-**was made as *mandal kushtha* on the basis of *dosha dushya* involved and *lakshanas* seen.

In modern view, the disease can be correlated with psoriasis due to resemblance of symptoms given in Table No.1.

**Table 1** Resemblance of symptoms of *mandal kushtha* and psoriasis

<i>Ayurved</i>	Modern
<i>Shweta rakta mandal</i>	Circumscribed erythematous lesions with silver scales
<i>Sthiram</i>	Chronic
<i>Styana</i>	Indurated
<i>Utsanna</i>	Itching

#### **Nidan panchak**

*Nidan* – *chinta* , *ratri jagran* , *ashuchi* , *guru aahar* , *katu aahar*.

*Samprapti* – Due to above *aahar- vihaar nidan - kapha pitta pradhan dosha dushti*.-

Entry of *dushta doshas at kha-vaigunya (twak,rakta,mamsa,lasika dushti)*- *Mandal kushtha*

*Purva rupa- Kandu* (itching), *Mandal* (small patches)

*Rupa- Aruna varna mandal, Kharasparsha, Kandu*.

#### **Psoriasis Assesment Criteria<sup>5</sup>**

Lesion score- 0 = none, 1= slight, 2= moderate , 3= severe , 4= very severe

Area score- 0 = 0 % , 1=1-9 % , 2=10-29 % , 3= 30-49 % , 4 =50-69 % , 5 = 70-89 % , 6= 90-100 %

Total PASI Score – 10.

The lesion and area score of the patient according to the symptoms is mentioned in Table No.2

#### **Treatment -**

Patient was given

1.*Swarnakshiri swaras* -5 ml BD internally.



2. *Lepa* prepared from *Swarnakshiri Ghana* + *Navneet* mixed in equal quantity - local application twice daily. Lesions were advised to clean with sterile cotton swabs

soaked in warm water. Treatment was given for 15 days and follow-up was taken after 7 days.

**Table 2** Lesion and area scores of patient according to symptoms

Plaque characteristics	Head	Upper limb	Trunk	Lower Limb
Erythema	0	0	0	3
Induration/ thickness	1	1	0	3
Scaling	1	0	0	2
Total sum (A)	2	1	0	8
Affected area score (B)	1	1	0	3
Subtotal C = A×B	2	1	0	24
Body surface area	×0.1	× 0.2	× 0.3	× 0.4
Total	0.2	0.2	0	9.6

*Pathya –apathya* - Patient was advised to take *laghu aahar* for ex – *mung daal krushara, takra, yush*, perform exercise daily morning and maintain good hygiene by daily bathing and using clothes properly dried in sunlight. He was advised to avoid *ratri jagraan*, non veg food and spicy oily food.

Then after reduction of symptoms, *Apunarbhav chikitsa (Rasayan chikitsa)* i.e *Guduchi churna* and *bhringaraj churna* 2.5

gms each mixed with *madhu* to be taken twice was advised for 1 month.

The properties and actions of *swarnakshiri* according to Ayurved literature are mentioned in the table No.3.

## OBSERVATION AND RESULTS

-The observations after 7 th and 15 th day follow –up are mentioned in Table No.4.

**Table 3** Properties of drugs according to Ayurved literature.

Drugs	Latin name – family	Ras -virya –vipaka	Karma
Swarnakshiri	Argemone Mexicana- Papaveraceae	Tikta, katu- shita- katu	Kapha pittahar, bhedan, krumi- kandugna, kushthagna.
Guduchi	Tinospora cordifolia Menispermaceae	Katu tikta- Ushna- madhur	Tridoshagna, Rasayan, kushtha – krumigna,
Bhringaraj	Eclipta alba Compositaceae	Katu,tikta- Ushna- katu.	
Navneet	-	Madhur - shita	Sangrahi, vatshaman

After treatment the PASI Score was calculated from 10 to 0 which shows relief

in the symptoms is mentioned briefly in Table No.5.



Figure 1 & 2 shows images before treatment and figures 3&4 shows after treatment.

**Table 4** Observations of effect of treatment according to scores

Parameters	On day 1	After 7 days	After 15 days
Erythema	3	2	0
Induration	5	4	0
Scaling	3	1	0
Itching	10	9	4

**Table 5** Results of before and after treatment according to parameters

Parameters	Before treatment	After treatment
Erythema	Present severely	Absent
Induration	Present severely	Absent
Scaling	Present moderately	Absent
Itching	Present very severe	Slightly present
Total Pasi Score	10	0



**Fig 1** Lesion on shin of right leg before treatment



**Fig 2:** Lesion on dorsal surface of leg before treatment



**Fig 3** Discoloration of lesion on shin of Right leg after treatment



**Fig 4** Discoloration of lesion on dorsal surface of leg after treatment

## DISCUSSION

Psoriasis being a major health issue is encountered in day to day clinical practices. No pathy assures the complete relief of the patient as it has relapsing nature. Ayurveda mentions *shodhan and shaman chikitsa* for kushtha<sup>6</sup> according to the severity of the disease. In this case, patient was diagnosed with *mandal kushtha* according to sign and symptoms. He had a chronic history but by seeing the area of lesions involved, *prakruti, dosha dushya and kal* it was decided to treat with single drug i.e





*swarnakshiri* which had all the properties against the diseased condition. After symptomatic relief patient was given *guduchi* and *bhringaraj churna* as *rasayan* and *apunarbhav chikitsa*.

#### **Probable mode of action of the drugs-**

*Swarnakshiri* – due to its *tikta ras* and *deepan pachan karma*, helps to regulate the *agni* and reduces *samata*<sup>7</sup>. *Tikta ras* acts best for *rakta shodhan*. Patients *Tarun avastha* and *hetu* denoted pitta dominance so the objective of *virechan* was also attained by the *bhedan/rechan* property of *swarnakshiri*. *Shita virya* helps in pacifying *pittaja lakshan* like *araktata*. *Ruksha guna* helps in *kleda pachan* thereby decreasing *strava* and *kandu*.

*Guduchi* – *Tikta katu Ras* acts on *Ras rakta dhatvagni deepan, kledanashan* and therein *Raktaprasadan*<sup>8</sup>. It also acts as immune-stimulant and anti allergic<sup>9</sup>.

*Bhringaraj* – helps in *Dushta strava nashan, ropan* and *savarnikaran* of the lesions<sup>10</sup>. Also is a *Rasayan* and antioxidant<sup>11</sup>.

*Navneet* – having *shita guna*<sup>12</sup>, used for the better applicability of the *lepa*.

*Swarnakshiri* worked in multi-dimensions with its properties like *virechan, rakta shodhana, deepan- pachan, kaph-pittahar* etc. Along with this, *Rasayan chikitsa* i.e *guduchi* and *bhringaraj* worked for the non-relapse of the disease. Thus, depending on the condition of the patient, *ekal dravya chikitsa* along with *pathyapathya* can also benefit in such chronic disease. Further large scale study is needed in this direction. *Swarnakshiri tailam* may be used instead of *lepa* and effect must be evaluated.

## **CONCLUSION**

This study is a documented evidence for the successful management of *Mandal kushtha* (psoriasis) with less time and cost.



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