

## WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

Coden USA: WJPRAP

**Impact Factor 8.453** 

Volume 15, Issue 1, 865-871.

Case Study

ISSN 2277-7105

# ROLE OF SHAMANA AND SHODHANA CHIKITSA IN THE MANAGEMENT OF MANDALA KUSHTHA: A CLINICAL CASE REPORT

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Article Received on 02 Dec. 2025, Article Revised on 22 Dec. 2025, Article Published on 01 Jan. 2026,

https://doi.org/10.5281/zenodo.18094786

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How to cite this Article: Vd. Katke Ankita Suresh<sup>1</sup>\*, Vd. Mulay Monica Sameer<sup>2</sup>. (2026) ROLE OF SHAMANA AND SHODHANA CHIKITSA IN THE MANAGEMENT OF MANDALA KUSHTHA: A CLINICAL CASE REPORT. "World Journal of Pharmaceutical Research, 15(1), 865–871.

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#### ABSTRACT

Background: Mandala Kushtha is a subtype of Maha Kushtha characterised by circular, elevated, erythematous patches associated with itching and discoloration. It is primarily a Tridoshaja condition with predominance of Kapha. Aim: To evaluate the role of Shamanaa and Shodhana treatment in the management of Mandala Kushtha. Methods: A 57-year-old female presented with circular, discoloured skin lesions on right and left forearm with severe itching and firstly diagnosed as a fungal infection. She was treated with Ayurvedic formulations incusing Shamana and Shodhana Chikitsa on the OPD basis to balance vitiated Doshas and improving the quality of Dhatus. Results: After treatment, there was marked reduction in size, itching and scaling.

KEYWORDS: Mandala Kushtha, Virechana, Shodhana.

#### 1. INTRODUCTION

Ayurveda classifies all skin disorders under the term Kushtha involving concurrent vitiation of all three Doshas. Among the Mahakushtha, Mandala Kushtha is recognised as a persistent and relapsing entity characterised by White-Reddish plaques usually round in appearance, static, dense, often smooth and elevated.<sup>[1]</sup> It is often compared with Tinea infection or dermatophytosis. It is a common superficial fungal infection of the skin, hair and

nails caused by Trichophyton, Microsporum and Epidermophyton. It presents with symptoms as erythema, scaling and pruritus. The main types of tinea include tinea capitis (scalp), tinea corporis (body), tinea cruris (groin), tinea pedis (feet), tinea manuum (hands), tinea unguium or onychomycosis (nails) and tinea barbae (beard area). Treatment of tinea involves the use of topical antifungal agents and proper hygiene and avoidance to predisposing factors. These limitations create need for safe, holistic and sustainable treatment approaches. Acharya Charaka asserts diseases treated through Shodhana therapy do not recur. [2] In Mandala Kushtha, all three Doshas vitiated with Kapha involvement along with Rakta Dushti necessitate Shodhana as well as Shamana Chikitsa.

#### 2. Methods

#### 2.1. Patient Profile

➤ Age/Sex: 57-year-old female

Diagnosis: Mandala Kushtha

> Treatment period: 28/2/2025 to 10/9/2025

➤ Past history: Chikungunya (7 years ago), LSCS (in 2005)

#### 2.2. Chief Complaints

- Reddish discoloured circular patches on right and left arm since 1 year
- Severe itching
- Mild scaling
- Katishoola

#### **Clinical Findings**

#### Ashtavidha Parikshana

Table 1: Ashtavidha Parikshana of patient.

Nadi	Pittavataja
Mutra	Samyak Mutra Pravriti 4-5 times/day
Mala	Samyak Mala Pravritti 1-2 times/day
Jivha	Sama
Shabda	Spashta
Sparsha	Ruksha
Drika	Samanya
Akriti	Madhyama

#### Dashavidha Parikshana

Table 2: Dashavidha Parikshana of the patient.

Prakriti	Pitta Vata
Vikriti	Kapha Dosha
Dushya	Twak, Rakta, Mamsa, Ambu
Satva	Madhyama
Sara	Mamsa, Asthi
Samhanan	Madhyama
Pramana	Madhyama
Satmya	Sarva Rasa
Aharashakti	Madhyama
Vyayamshakti	Madhyama

#### Other assessment

Nidana: Virudhanna Sevan, Ratri Jagran, Krodha, Diwaswapa, Ati Madhura Rasa Sevana, Vyasan like Mishri.

Purvaroopa: Atiswedana, Gaurava, Vaivarnya, Klama

Samprapti: Hetusevana (frequently) Tridosha Prakopa Strotas Dushti (Anna,

Rasa, Rakta) → Twak Adhishthan → Mandala Kushtha

#### Intervention

Table 3: Shamana and Shodhana treatment given to the patient.

Phase	Date and disease status	Intervention
1. Depana-Pachana		Gandhak Rasayan 250 mg TDS Sariva
		Choorna 500 mg TDS Sootsekhara
	28/2/2025-27/3/2025	Rasa 250 mg TDS
	(60% improvement in	Kaishor Guggul 500 mg BD (After
	reduction of symptoms)	meals)
		Laghumanjishthadi Kadha 3 tsp BD
		Trivrutta Leha 1 tsp HS
	28/3/2025-24/4/2025 (60% improvement)	Siravedha- Dushta Rakta 70 ml each
2. Raktamokshana along with Shamana		from bilateral cubital fossa was let out.
		(28/3/2025)
		Trivanga Bhasma 60 mg TDS was
		added with above Internal medicines.
		Jeevantyadi Yamak was advised for
		local application.
	25/4/2025-5/6/2025 (70% improvement but itching	Jalaukavacharana- on right forearm
		with one Jalauka, upto 25 ml was let
3. Raktamokshana		out. (25/4/2025)
along with Shamana	was prominent, Katishoola	Instead of Kaishor Guggul,
	reduced)	Arogyavardhini 500 mg BD was
		prescribed with above medicines.
4. Shamanaa	6/6/2025-19/6/2025	Kaishor Guggula 500 mg BD was

	(80% improvement but Alpa	added instead of Arogyavrdhini.
	Strava, Kandu and Daha was	Sarivadyasava 4 tspBD was added
	observed, Katishoola increased)	instead of Laghumanjishthadi Kadha
		Rest of the internal medicines were
		same
		Kamdudha 500 mg TDS Yashtimadhu
	20/6/2025-17/7/2025	250 mg TDS Sariva 250 mg TDS
	(Anupashaya in Kandu and	Sukshma Triphala 500 mg BD (After
	Daha)	meals)
		Aragvadha Kapila Vati 2 tabs HS
		Gandhak Rasayan 250 mg TDS
		Trivanga 60 mg TDS
	18/7/2025-14/8/2025	Sariva Choorna 500 mg TDS
		Anupana- Khadirarishta 2tsp+ Syrup
		Rubyclin 2 tsp
	15/8/2025-8/9/2025	Mahatiktaka Ghrita 20 ml for 20 days
		then 30 ml for 5 days was given.
5. Snehapana		Internal medicines were withheld
3. Shehapana		except Khadirarishta 2 tsp + Syrup
		Rubyclin 2 tsp was given in evening
		only.
	10/9/2025	Aragvadha Kapila Vati 2 tabs+
		Erandsneha 20 ml was given.
6. Virechana		Virechanopaga Dravya- Ushnodak+
o. vireciiana		Mrudvika
		Patient had 8 Mala vega, Hina Shuddhi
		Samsarjana was advised.
	26/9/2025	Mahatiktaka Chrita 10 ml giyan for
7. Follow-up	(90% improvement in the	Mahatiktaka Ghrita 10 ml given for Shamanaa.
	symptoms)	Shamanaa.

#### **RESULTS**

After Deepana-Pachana, slight elevation of Mandala Kushtha was reduced and there was overall 60% improvement in the disease. Before snehapana, Kandu and Daha was prominent and worsened July may be due to Varsha Ritu (Pitta Sanchiti). After Snehapana and Virechana, the itching and burning sensation gradually stopped and also there was marked improvement in discolouration of Mandala Kushtha.





Fig. 1: Mandala Kushtha on right and left forearm before Deepana- Pachana respectively.

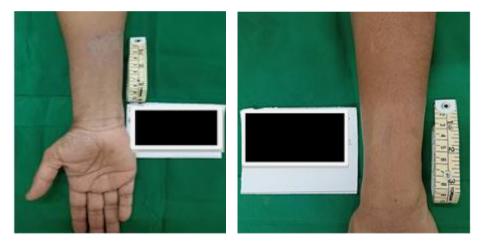


Fig. 2: Mandala Kushtha on right and left forearm after Deepana-Pachana and Shamana Chikitsa respectively.

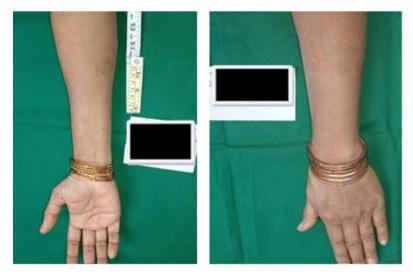


Fig. 3: Mandala Kushtha on right and left forearm after Virechana respectively.

#### **DISCUSSION**

In Sama Avastha of Mandala Kushtha. Deepana and Pachana was done. Gandhak Rasayan acts as Kaphaghna, Kledaghna and Raktashodhaka. Sariva Choorna and Kaishor Guggul reduces Raktagata Samata which results in Raktaprasadana. Sootsekhar Rasa causes Pitta- Kapha Shamana and Amapachan. Laghumanjishthadi Kadha acts on vitiated Kapha Dosha causing Rookshana. Trivrutta leha which is a Sukha Virechak was for Anuloman and Agnideepana. Siravedha was done for Dushta Rakta Nirharana reducing Kandu and Vaivarnya in the patient. Trivanga Bhasma acts as Vatapittashamak and has Rakta-Mamsa Gamitya.

Jeevantyadi Yamaka is a combination of both Ghrita and Taila which reduces scaling and herbs present in it like Manjishtha, Daruharidra have Kushthaghna and Raktashodhak properties promoting skin healing. When Kandu and Daha was more, Jalaukavacharan was advised for letting out Dushita Rakta. Arogyavardhini does Amapachan, Kledaghna karma which alleviates Kandu and has Rasa Raktagamitva. Sarivadyasava helps in improving discoloration, itching and local inflammation. For DahaShamana, drugs like Kamadudha, Yashtimadhu was advised. Sukshma Triphala has Sukshma Strotogamitva and Rasayana in nature. Khadirarishta was prescribed when Alpa Strava was observed in patient at Mandala Kushtha, this formulation causes Rookshana and alleviates excessive Kleda present in the body. Syrup Rubyclin causes Raktashodhan, Repeated Shamana chikitsa was given due to Punarudbhava of Vyadhi (recurrence), but Tikta Rasapradhana Aushadhi caused Rukshana Gunavriddhi in the body and need for Snehan Chikitsa was observed. Also Acharya Charaka has stated that after Raktamokshana and doing Bahya and Abhyantara Shaman Chikitsa in Kushtha, one should go for Kalayukta Snehapana.<sup>[4]</sup> After Shamana chikitsa, when Kala was suitable (Sharad Rutu), Virechana was planned. Mahatiktaka Ghrita Sneha was given in Shamana Sneha Matra. It's Tikta-Kashaya Rasa and Laghu; Sheeta properties are effective in pacifying Pitta and Kapha imbalances. Due to Snehapana, Doshasanchiti in Udara and Adhodoshagati was observed, Virechana by Aragvadha Kapila Vati and Erandsneha was given. Aragvadha Kapila vati is mrudu virechak and hence can be used for Nitya Virechan which helps in elimination of vitiated Doshas. Erandsneha has Ushna, Guru, Snigdha properties which causes Deepana at the level Amashaya, Ama pachan at the level of Dhatu and Strotorodhahara at the levels of channels in the body and its Adhobhagahar properties helps in Virechana. Repeated Shodhana is advised in Kushtha Chikitsa. Again, Snehapana is advised to remove remaining Doshas.

#### **CONCLUSION**

This case demonstrates how a well-planned Ayurvedic treatment regimen can effectively manage Mandala Kushtha. By using individualized assessment and integrating both Shamana and Shodhana therapies, the approach successfully balanced the vitiated Dosha-Dushya, improved impaired Agni and reduced both systemic and skin related symptoms.

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