

**A SINGLE CASE STUDY OF AYURVEDIC MANAGEMENT OF MANDAL KUSHTHA
W.S.R. TO ERYTHROKERATODERMIA VARIABILIS****Dr. Saikat Naskar^{1*}, Dr. Md. Habibur Motaim²**¹Assistant Professor, Roga Nidana Evam Vikriti Vigyana, ITM Ayurvedic Medical College and Hospital, Chehari, Maharajganj, UP, India.²General Physician, Founder of Sheefa Health Care, Bhagabangola, Murshidabad, West Bengal, India.***Corresponding Author: Dr. Saikat Naskar**

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ABSTRACT

Erythrokeratoderma variabilis is a rare autosomal dominant disorder that usually presents at birth or during the first year of life. This is two types one is characterized by generalized, persistent, brown hyperkeratosis with accentuated skin markings, while a second type is localized, with involvement that is limited in extent and characterized by sharply demarcated, hyperkeratotic plaques. In Ayurveda Erythrokeratoderma Variabilis may correlate with Mandala Kushta by the Characteristic of Disease. Mandala kushta is a disease related to skin tissue, predominance of Sleshma and considered as Mahakushta. Red spots, raised patches, itching and burning sensation, etc. are common manifestation of disease. Ayurveda emphasizes various therapies in such conditions and Rasayana Chikitsa is one of them. Considering this aspect present article described ayurveda perspective on Mandala kushta and special reference to Rasayana Chikitsa towards the management of disease. We report a case of EKV in a 13-year-old patient. The current essay discussed the ayurvedic perspective on Mandalakushta, with a special focus on saman Chikitsa, in terms of disease management.

KEYWORDS: Erythrokeratoderma variabilis, Mandala kushta, Mahakushta, Skin.**INTRODUCTION**

EKV was first described by Mendes Da Costa in 1925. Erythrokeratodermas (EK) are a rare, heterogenous group of inherited disorders of cornification.^[1] They are classified into two types, EKV and progressive symmetric Erythrokeratoderma (PSEK).^[2] EKV is a rare subtype of EK. Clinically it has two types of presentation. One with discrete, erythematous, well defined patches of bizarre geographical configuration (polycyclic) that change size and shape in a short period of time and other type with erythematous, well defined, hyperkeratotic plaques that are fixed in location.^[3]

Ayurvedic View

In ayurveda Mandala Kushta not mention in Kulaja Vikara (inherited disorders) but the Ayurvedic description of Mandala Kushta like -Shvetam-Raktam (reddish and whitish discoloration), Sthiram (stable lesions), Snigdham (oily skin), Uttasna Mandalam (elevated round patches), and Anyonsansakata (mixed features) aligns with the signs and symptoms of

Erythrokeratodermas (EK), establishing a tenable Ayurvedic connection.^[4] This connection highlights the clinical similarities between Mandala Kushta and Erythrokeratodermas (EK). There is no specific therapy for EKV, highlighting the usefulness of Ayurvedic therapeutic methods in the management of this ailment.

Nidana panchak

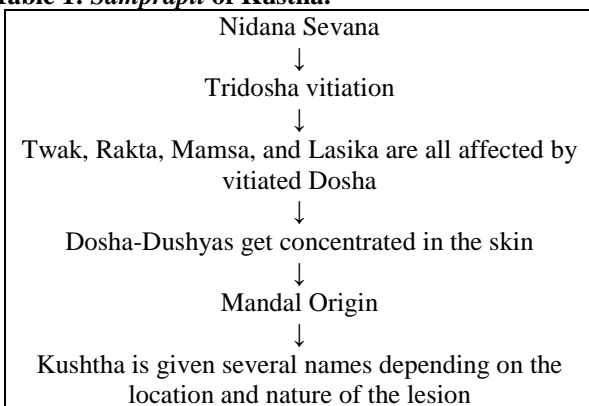
Nidan of Kushtha (Causative Factors)^[5] Using mutually contrast food, Virodhi anna pana and Snigdha guru pana: Intake of wrong food combinations such as milk with fish etc. Excessive intake of foods of freshly harvested grains, curd, fish, salt and sour substances, such people tend to develop rasa, raktadusti or AMA formation due to their weak Agni, as a consequence, ojus reduces and the body becomes vulnerable to infections, thus making the room for Kushta Suppression of the urge for vomiting etc vegas.

Poorva Roopa (Premonitory Symptom)^[6]

Aswedam, Atiswedam, Parusyam, Kandu, Atislaksnata, Vaivaranyam, Romharsha/Lomaharsa, Nistoda, Suptata, Paridaha, Pariharsha, Gauravam, Kharatvam, Ushmayanam, Visarpgamnam, Svayathu, Kothe, Shrama, Klama, Ati-vedana, Pava-Dagdha- Dasta-Bhanga-Kshata, Svalpamapi Vrananam Asamrohananam, Svalpamapi Vrananam Dushti, Seeghra Utpatti Chira Sthiti.

Roopa (sign and Symptoms)^[7]

Snigdham (Unctuous), Guru (Heavyness), Shlakshana (Surround by smooth area), Sthiram (Stable), Utsana/Utshade Mandala (Raised patches), Pita-parivant(yellow border/edges), Sukla Rom-raji Santanini (Pervaded with white hairline/scale), Bahu Bahel-shukla -Pshichhal Sravani (Thick white & slimy discharge), Sravah (Exudation), Skta gati-samuthan-Bhedani (Slow development, causation and decay), Parimandalanil Mandal (Circular in shape), Anyonya Samsat Mandal, Krichham (Hardly curable), Anasugam (Slow spreading), Bahu-Kleda excessive sticky exudation, Bahu Kandu/Kandu (Itching), Bahu Krimi (Microbes).

Samprapti^[8]**Table 1: Samprapti of Kustha.****Samprapti Ghatak of Mandal Kushtha**

Doshas: Kapha (C.S. & Vagbhata), Pitta (S.S.)

Dushya: Twak, Rakta, Mamsa, Lasika

Agni: Jatharagni and Dhatvagnimandya

Ayurveda management of disease**Table 2: Shows Treatment Timeline.**

SL.	Medicine	Dose	Duration	Anupana
1.	Panchakola	5gm	TDAC for 7 Days	Luke warm Water
After 7 days				
1.	Syr Khadirarista	15ml	BDPC for 30Days	Equal amount of water
2.	Tab Panchatikta Ghrita guggul	2tab	BDAC for 30Days	
3.	Tab Laxmivillas (Nardiya)	2tab	BDAC for 30Days	Luke warm Water
4.	Tab Mritunjay	2tab	BDAC for 30Days	Luke warm Water
5.	Psoria oil-local apply	QS	For local Twice daily	
6.	Sidharthak Snana	QS	For Bath	
After 30 days				
1.	Cont all Previous medicine			
2.	Tab Arogyavardhani	2tab	BDAC	

Srotas: Rasavaha, Raktavaha Mamsavaha and Ambuvaha

Sroto Dushti Lakshana: Sanga and Vimargagamana

Marga: Bhaya Rogamarg

Udabhavasthana: Amashaya & Pakvashaya

Sancharasthana: Triyaka-gami Sira

Gati: Tiryak

Adhithana: Twak and uttrottar Rakthadi Dhatu

Vyadhi swabhava: Chirkari

CASE REPORT

A 13 year-old boy presented with itchy and scaly skin lesions over trunk. These lesions used to occur on and off since birth. Lesions would initially start as diffuse erythema followed by appearance of scaly plaques over the face and trunk. The plaques would be large and assume a map like configuration. Well-defined scaly plaques were present on the medial aspect of arm extending to the axilla, lateral aspect of chest and loin. Multiple such plaques of varying sizes were present over bilateral scapular area, lower back and cubital fossa. Patient was receiving treatment for the same from local physicians. Lesions used to resolve with treatment but recur subsequently. This led him to explore *Ayurvedic* options, ultimately bringing him to the Clinic.

General examination

Body temperature (98.2°F), Pulse (76/ min) & blood pressure (110/75 mm Hg) were within normal limit.

Systemic examination

Central nervous, Gastrointestinal, urogenital, Cardiovascular and respiratory systems were confirmed to be healthy throughout a systematic evaluation.

Asthavidha Pariksha

Nadi (pulse) - Kapha-Vataj, Mala (stool) - Sandra-Picchila, bowel habit was regular, Mutra (urine) - Prakrita, Jivha (tongue) - Shveta-Picchila, Sama (coated), Shabda - Prakrita, Sparsha (touch) - Ushna, Drika (vision) - Prakrita, Aakriti - Madhyam (medium built).

Follow-Up

Table 3 provides detailed information on the follow-up process, including a timeline, treatment plan, and periodic clinical visits. Throughout the subsequent appointments, the patient adhered to a strict dietary regimen. Photographs, taken with the patient’s consent,

are shown in the figures following the follow-up. (Image 1 to 3) The patient's condition was assessed before treatment (B.T.), immediately after treatment (A.T.), and one month post-treatment (F.U.) using the P.A.S.I. scoring method and DLQI index method.(Table 3)

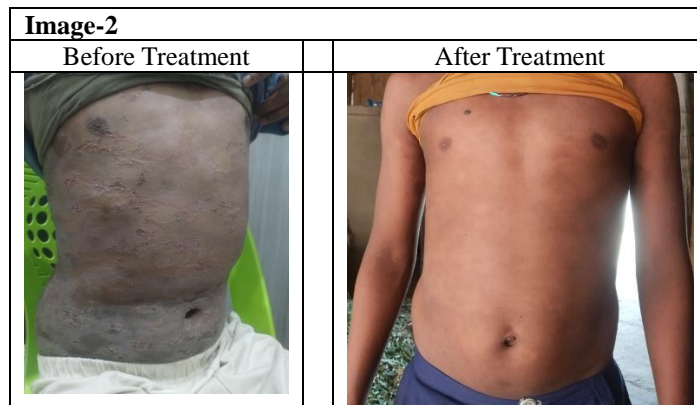
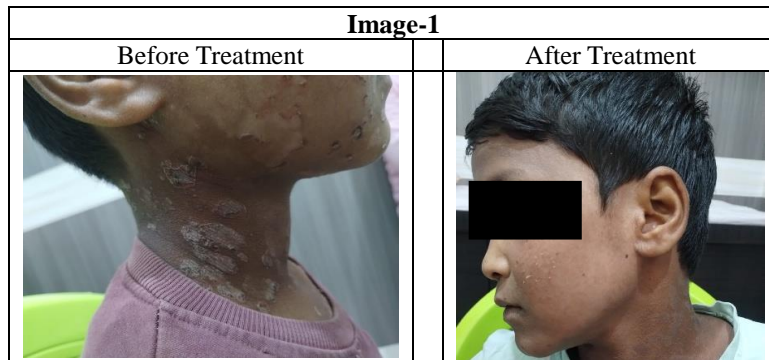
Table 3: Assessment of Mandala Kushtha (Erythrokeratodermas).

Assessment Method	Before Treatment	After treatment
PASI SCORE (Psoriasis Area and Severity Index)	38.4	2.4
DLQI (Dermatology Life Quality Index)	27	2

RESULT

No adverse events were reported during the treatment. Patient got significant relief just after 7 days by Panchokola churna. The scaly lesions, Itching and plaques which had been shedding daily, were dramatically reduced, leaving behind erythematous patches at affected sites. Prior to treatment, the patient had a PASI score of 38.4, indicating severity, and a

DLQI score of 27, reflecting a significant impact on quality of life. After completing the one month oral medication and local application and after follow-up, the PASI score further improved to 2.4, showing significant improvement and the DLQI score decreased to 2, indicating a marked reduction in the impact of Erythrokeratoderma on daily living.(Table 3)



DISCUSSION

Panchkol churna

It is a classical Ayurvedic formulation prepared from a combination of five herbs, namely, long pepper (*Piper longum*), ginger (*Zingiber officinale*), black pepper (*Piper nigrum*), Indian bay leaf (*Cinnamomum tamala*), and dry ginger (*Zingiber officinale*). Each of these herbs contributes unique phytoconstituents with digestive and carminative properties. Long pepper and black pepper contain piperine, which enhances digestive enzyme secretion and stimulates gastrointestinal motility. Gingerols and shogaols present in ginger exhibit anti-inflammatory and gastroprotective effects. Indian bay leaf is rich in eugenol, possessing analgesic and anti-ulcer properties. The synergistic action of these phytochemicals contributes to the therapeutic efficacy of Panchkol churna in relieving indigestion and acidity.^[9] Its helps to remove obstruction of Shrotas (Body channel) causes by Ama (Undigested material).

Khadirarista

It is mentioned in Bhaishajya Ratnavali as Kustarogadhikar. It contains madhura, tikta dravyas. It acts as antibacterial, microorganisms, reduce blood toxins, also reduce Aam and detoxify the body by excreting toxins from the body.

Panchatikta Ghrita Guggulu

Its possesses so many medicinal properties - Antioxidant, Antipruritic, Demulcent, Depurative (purifies blood), Neuro-protective, Anti-rheumatic, Anti-arthritis, Anti-inflammatory and Analgesic etc. This Ayurvedic medicine has potent use in managing the skin problems like in psoriasis, eczema it reduces the inflammation and provides cooling effects. It is good for non healing wounds.

Tab Laxmivillas (Nardiya)

It pacified Tridosha. Although it can be used in any case regardless any dosha predominance. Still, it is more beneficial in diseases with vitiated Vata and Vata-Kapha Dosh. In skin disease, the use of Laksmivillas has been mentioned. A study found it has activities against superoxide radicals, which are comparable to gallic acid. It scavenges the superoxide radicals and exhibits potent antioxidant activity.^[10]

Tab Mritunjay

This medicines balances the tridoshas- vata, pitta and kapha in body. Natural ingredients used in the formulation of this medicine are quite good to boost up the immune system and help to enhance the body's ability to fight against the various infections.

Psoria Oil

Psoria Oil is an Ayurvedic topical oil used to manage psoriasis, dandruff, scaling, and fungal skin infections, combining Stri Kutaja and coconut oil for skin healing and nourishment. Key Ingredients like Stri Kutaja (*Wrightia tinctoria* leaves): Known for its skin-healing

properties, effective in treating psoriasis, scaling, and fungal infections. Coconut Oil: Provides hydration, anti-inflammatory effects, and antioxidant benefits, helping soothe irritation and improve skin texture. Additional Herbs (in some formulations): Neem, Babchi, Anantamul, and Karanjwa may be included to enhance antimicrobial and anti-inflammatory effects.

Siddharthaka Snana Choorna

Siddharthaka Snana Choorna is Ayurveda medicine in powder form. Though it is commonly used as a bathing powder. Siddharthaka Snana Choorna consist, Musta - Nut grass - *Cyperus rotundus* - It has anti-microbial activity. Madanaphala - Emetic nut - *Randia dumetorum* - Relieves inflammation and helps in quick wound healing. Haritakki - Chebulic myrobalan - *Terminalia chebula* - It helps to improve skin complexion. Vibhitaki - Belleric myrobalan - *Terminalia bellirica* Amalaki - Gooseberry - *Phyllanthus emblica* - It improves skin complexion and useful in skin diseases. Karanja patra - *Pongamia pinnata* - It relieves inflammation and useful in skin diseases. Saptaparna patra - *Alstonia scholaris* - It is widely used in skin diseases. Indrayava - Conessi seed - *Holarrhena anti-dysenterica* - Useful in skin diseases including herpes. Daruharidra - Indian berberi - *Berberis aristata* - It has anti-inflammatory and wound healing properties. Aragvadh Patra - *Cassia fistula* - It has antibacterial and anti-fungal activities.

Aarogyavardhani vati

Aarogyavardhana vati helps to remove ama toxins from the body. Its helps to maintain normal liver function. It has antioxidants, antipruritic nature alleviates itching sensation.

CONCLUSION

Mandala Kustha (*Erythrokeratoderma variabilis*) though it is difficult to manage, but if proper diagnosis is made at proper time, many complications can be avoided. This case study demonstrates that Mandala Kushtha (*Erythrokeratoderma variabilis*) can be effectively managed and controlled with Ayurvedic treatments. No adverse side effects were observed from the prescribed medications. While Ayurvedic formulations prove to be a promising approach for managing Mandala Kushtha. Randomized Clinical Trial needs to be conducted to validate result in larger sample which will generate evidence for support.

REFERENCES

1. Brahma D, Jain VK, Aggarwal K. *Erythrokeratoderma variabilis*. Indian J Dermatol Venereol Leprol, 2003; 69(S1): 5-6.
2. Karadag AS, Bilgili SG, Calka O, Bayram I. *Erythrokeratoderma variabilis*: Two case reports. Indian Dermatol Online J., 2013; 4: 340-3.
3. Mehta TY, Bhuptani NV, Sheth BS. Disorders of keratinisation. In: Sacchidanand S, Oberai C, Inamadar AC. IADVL textbook of dermatology. 4th

- ed. Mumbai, IN: Bhalani publishing house, 2015; 382-3.
4. Tripathi B, editor. Charaka Samhita of Agnivesha, Cikitsa Sthana. Reprint ed. Vol. 2, Ch.7, Ver.16. Varanasi: Chaukhambha Prakashan, 2020; p.304. [Crossref][PubMed][Google Scholar]
 5. Charaka Sanhita, Chukhambha bharthi academy, Chikitsa Sthana 7/ 4-8.
 6. Charaka Sanhita, Chukhambha bharthi academy, Sutra Sthana 5/ 7, Chikitsa Sthana 7/ 12.
 7. Charaka Sanhita, Chukhambha bharthi academy, Sutra Sthana 5/8(3), Chikitsa Sthana 7/16, Ashtang hridya nidaan 14/16-17, Bhel Sanhita Nidaan 5/13.
 8. Charaka Sanhita, Chukhambha bharthi academy Nidaan 5/3, Charak Chikitsa Sthana 7/9-10.
 9. Mr. Shaikh Sahil, MR.Kshirsagar Mahesh, Dr.Sanjay Garje, Dr. Gaffar sayyed, A Comprehensive Review on Polyherbal Formulation (Panchkol Churna): Utilized in the Treatment of Indigestion and Acidity- International Journal of Research Publication and Reviews, April 2024; 5(4): 726-729.
 10. Gunpreet Kaur, Vikas Gupta , Parveen Bansal, Innate antioxidant activity of some traditional formulations j Adv Pharm Technol Res, 2017 Jan-Mar; 8(1): 39-42. doi: 10.4103/2231-4040.197393.